STATE OF MINNESOTA
Health Insurance Exchange Public Awareness Marketing/Outreach Campaign

Attachment B
Public Education and Outreach Market Research Report

Attachment C
Outreach and Education White Paper

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Outreach, Communications and Marketing Work Group Report

Attachment E
Communications and Social Media Strategic Plan

Minnesota Exchange Communications: Full Market Research Findings

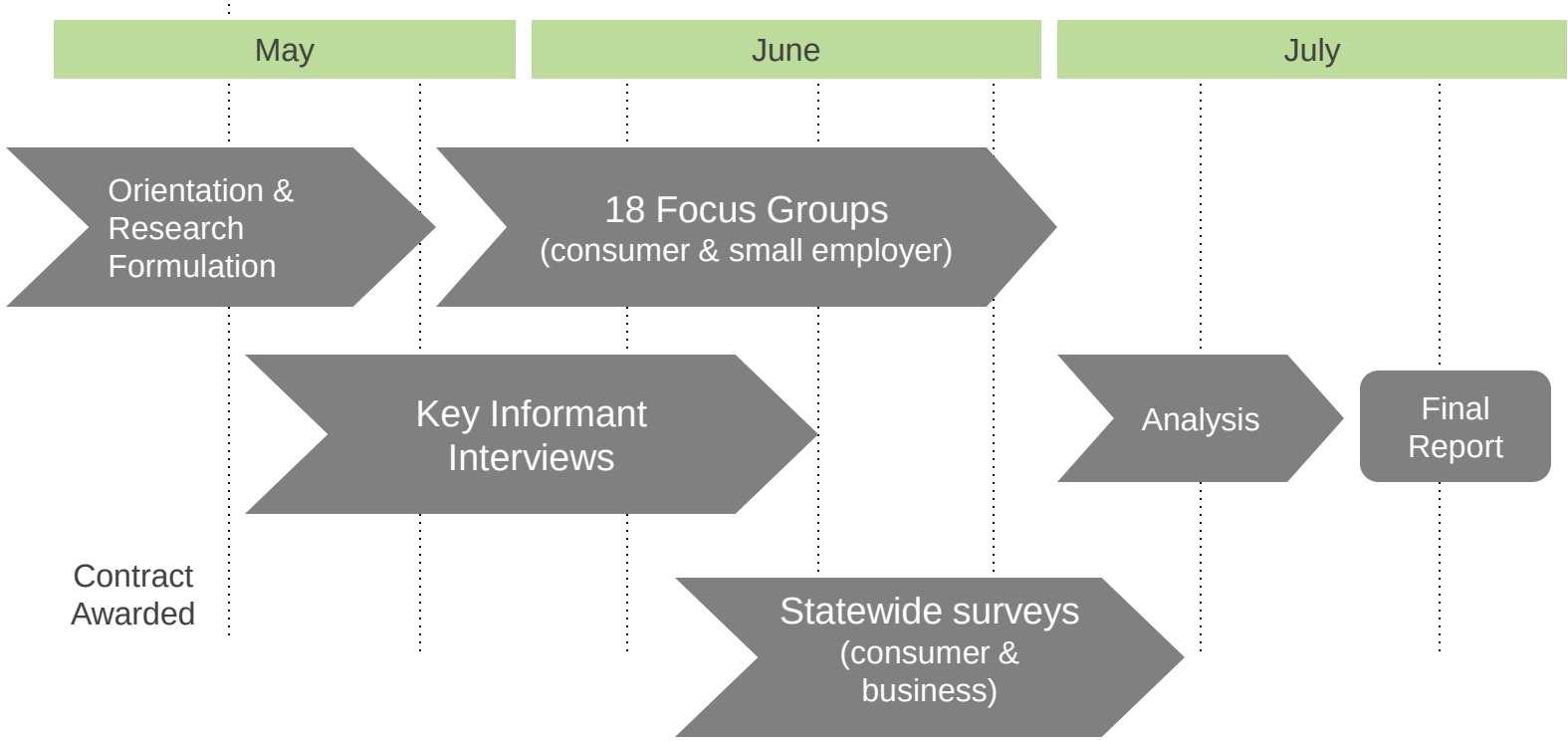
Final Report

August 10, 2012

Contents

Project Overview

The State of Minnesota needed to collect market research to help inform communication, public awareness and engagement strategies for the state health exchange. Salter>Mitchell joined as a partner to conduct a comprehensive study, leveraging qualitative and quantitative research and analysis to offer insight for the state's health exchange implementation.



KEY INFORMANT INTERVIEWS

In-Depth Interview Executive Summary

Both challenges to implementation of the exchange and barriers to participation by potential users exist. Experts suggest developing a user-friendly design of the exchange, as well as focused outreach, communication strategies, and audience-specific messaging.

FINDINGS	IMPLICATION
Expectation and Fear. Respondents expressed positive hopes for the exchange, along with concern about the transparency of decision-making and the ultimate impact on their business or constituency.	Initiate outreach to share decisions that have been made, rationale and upcoming decisions. Stakeholders want to be involved, with a chance to understand decisions, analyze the impact, provide input and plan ahead.
Need for coordination and simplicity. Complexity of current system is in itself a barrier to enrollment in available health care coverage.	Exchange has the potential to address these barriers if it can indeed simplify and streamline the process.
Stigma and negative perception. There is a risk of underutilization if the exchange is seen primarily as a portal for accessing government benefits.	Branding of the exchange needs to identify it as something for all consumers of health care, emphasizing participation of private insurers and state (versus federal) initiative.
Knowledge and access barriers. Culture, education, web access and literacy, and risk perception will be barriers to individual enrollment.	Barriers can be addressed early in development. Outreach strategies should include targeted messages and training of intermediaries as trusted sources of information.
Person-to-person communication. Brokers will be instrumental to the success of the exchange, as will person-to-person outreach in general.	Need to determine the long-term role of brokers in the exchange and develop outreach that capitalize on existing relationships.

Goals and Methodology

The initial in-depth-interviews conducted for the Minnesota health exchange study were intended to provide insights used to inform the continued research among consumer and small business groups.

GOALS

As the initial data collection component of the larger research program, Salter>Mitchell conducted eleven (11) in-depth interviews with experts and key stakeholders across the state. The goal of these interviews was to provide context for the consumer and small business research also being conducted.

METHODOLOGY

- May 4 and May 17, 2012
- Telephone (one face-to-face)
- 40 to 55 minutes
- Semi-structured interview guide adapted slightly to subjects' expertise
- Experts included:
    - representatives of small businesses, health plans, brokers/agents and providers
    - stakeholders knowledgeable of various audiences (low-income, ethnic, immigrant, tribal and rural)

TOPICS DISCUSSED

- What experts are hearing from the groups they represent about the health exchange in Minnesota, and about health reform in general
- What they think will be the biggest barriers or challenges to setting up a health insurance exchange in Minnesota
- Key unanswered questions or concerns they have about this new era of health insurance, and how the state should address these questions now
- Best ways to reach out to the uninsured and small businesses about health insurance options
- Potential role of their organization in the exchange, and other organizations that should be involved to help make the exchange more successful
- Familiarity with online efforts to help people purchase health insurance, and what's worked and what hasn't in Minnesota
- Features of the health insurance exchange that they would promote

* The purpose of the Public Education and Outreach Market Research project was to understand the process that individuals go through when investigating and enrolling in health insurance so that the health insurance exchange can develop an effective statewide public awareness campaign.

Consistent with the obligations under applicable privacy laws, while our aim was to collect the perceptions of individuals on the buying process for health insurance, we took significant steps to avoid collecting any health information about the participants or their families.

Barriers and Challenges

Respondents were asked about the barriers they perceived to setting up and using a health care exchange in Minnesota. Responses fell into two categories: challenges for the design of the exchange and barriers to participation.

DESIGN CHALLENGES

Complexity of current benefit system and coordination of agencies. Several drawbacks to the current system for enrolling in health benefit programs will need to be addressed. Rapid rate eligibility and options are also crucial.

Structure and governance of exchange. Lack of clarity on these issues is preventing otherwise enthusiastic and strategic partners from fully engaging.

Cost and variety of plans. What will the packages include and will carriers be able to meet requirements at affordable prices?

Role of brokers. Consumer and community representatives saw brokers as crucial to helping consumers understand and enroll in the individual exchange.

PARTICIPATION BARRIERS

Complexity. People anticipate a hassle and stress the need for genuine simplicity of the process as well as assistance.

Online interface. Lack of access to computers and internet connections was a concern cited by people who work with low-income, immigrant, and rural communities.

Stigma. People may assume the exchange is primarily for users of public assistance.

Language and literacy. In addition to having materials available in the languages people speak, they need to be written at an appropriate level of comprehension.

Risk perception and value of insurance. Being insured is not a universal norm, for both cultural and economic reasons.

Complexity of laws, benefits, and options.

Outreach Messages

Respondents were asked which particular features of the exchange they would promote to encourage participation. Of course, any potential message is only as useful as it is true and accurate.

PROMOTIONAL FEATURES

Straightforward, easy and fast. Assuming the system can live up to the goal, reassuring people of the ease of use will be crucial.

Comparison shopping. The consumer can compare plans directly ("apples to apples") according to their priorities.

Affordable. This aspect needs to be balanced carefully. Consumers are definitely looking for economical options. At the same time, many people don't self-identify as needing financial assistance, or are opposed to the government having a role in health care

Choices and Portability. Emphasize the "free market" aspect of private carriers on the exchange competing for consumer's business.

"Local." Emphasize that this is a Minnesota-driven initiative.

UNINSURED MESSAGES

Reduce stress. Ground messages in the experience of functioning without insurance and how purchasing insurance can address this stressful condition.

Community benefit. Promote the idea that as the more individuals enroll, the greater the benefits for the whole community.

Clarity about coverage. Make clear what plans cover, particularly preventive services, that consumers may not have access to currently.

"Just check it out." Encourage people to visit the site and enter some basic information to see what might be available to them.

EMPLOYER MESSAGES

Defined contribution. This potential feature of the exchange would simplify employers' benefits administration responsibilities.

Cost transparency. This is an important feature for employers that allows for planning and budgeting without the fear of hidden costs.

Cost savings. For employers, most decisions come down to whether they'll be able to save a dollar or not.

Outreach Strategies

Nearly all respondents recommended leveraging existing relationships as a key outreach component. Word of mouth could be useful as long as people have good experiences. Respondents cautioned against relying heavily on written materials.

ORGANIZATION / ENTITY	OUTREACH ROLE
County offices	People are already seeking services there. Add a kiosk or desk where they can sign up and have in-person assistance available.
Community organizations	Organizations that provide any type of service in a community are already known and trusted, and they can provide insight into the community they serve. Many already provide assistance in accessing benefits.
Community businesses	Have information available in these commerce centers, or potentially even engage these types of businesses in outreach.
Schools	Include information about exchange in parent communications.
Libraries	Potential sites for enrollment, could make in-person assistance available
Churches	Make information available, host community meetings to learn about exchange
Providers and sites of care	Offer a moment to reach people when they are thinking about health care needs
Chambers of commerce	Channel to reach businesses to provide information and seek input about the exchange. Early outreach and engagements could help boost participation later.

Build Alliances

This is perhaps the most important and urgent recommendation to come from the key informant interviews. Respondents emphasized the need to reach out to stakeholder groups well before the exchange is ready to launch.

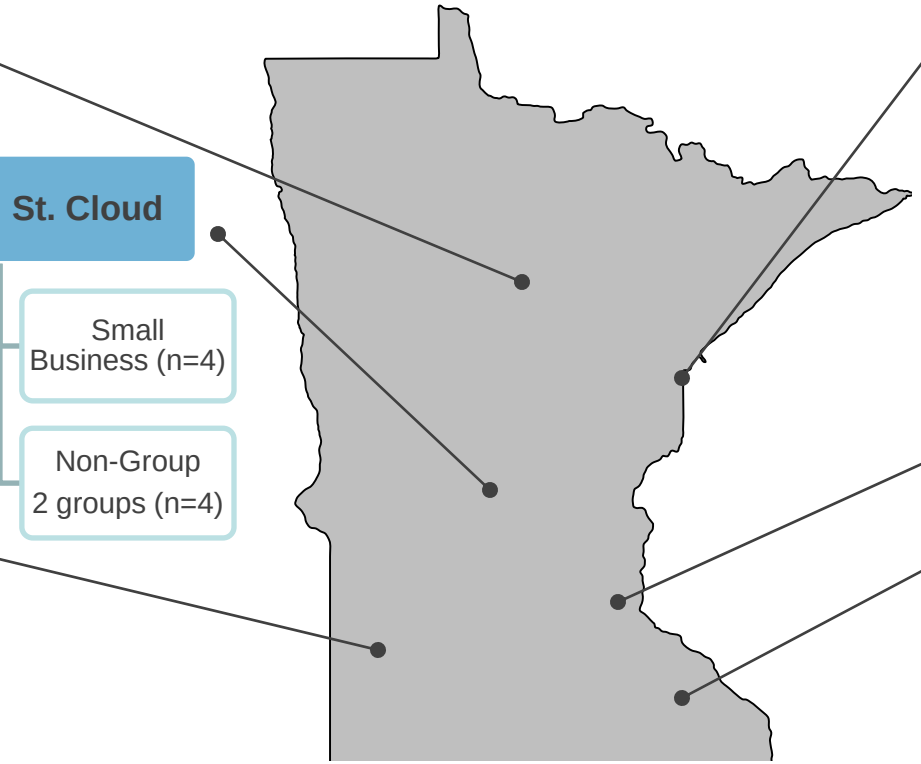
For groups with a professional stake in the exchange, such as brokers, small businesses, health plans and providers, the time frame should be immediate. ***Getting their input now can help maximize the functionality of the exchange, as well as strengthen their role as allies rather than opponents.*** These stakeholders had several outreach suggestions:

- Make business plan-like presentations around the state, explaining the options the state is considering as the exchange is designed. Be specific with options and an analysis of potential impact, not just general discussion about ambiguities.
- Create a website that shares options being considered and solicits input from stakeholders.
- Develop and make public a timeline for different decisions along with opportunities for input.
- Use webinars, earned media, editorials, and organizational newsletters to distribute information about the exchange as it develops.
- Solicit input from brokers about how they would like to see their role in the exchange structured.
- Engage with provider organizations about what kind of information should be included on the exchange and how to manage it.

CONSUMER RESEARCH

Qualitative Research

Six cities. 18 focus groups. 99 participants. four days (May 22 to May 25)



Bemidji
- Small Business (n=5)
- Uninsured (n=6)

St. Cloud
- Small Business (n=4)
- Non-Group 2 groups (n=4)

Marshall
- Small Business (n=5)
- Uninsured (n=5)

Duluth
- Small Business (n=7)
- Uninsured (n=6)

Rochester
- Small Business (n=6)
- Non-Group (n=7)

Minneapolis
- Small Business 2 groups (n=13)
- Uninsured (n=6)
- Hispanic 2 groups (n=11)
- Non-Group (n=7)
- Medicaid (n=7)

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Qualitative Executive Summary

	KEY TAKE-AWAYS	IMPLICATIONS
CURRENT SITUATION	**Getting health insurance is an unpleasant experience**. Many people see seeking insurance as mired in paperwork and "fine print." The options are complex. Enrollment is complicated.	• The exchange can **redefine this experience** but that will mean distilling complex decisions
	Seeking health insurance is more of a journey than a one-time decision. Stages: trigger, pre-qualification, search and closure. Cost and coverage options for pre-existing conditions are often the first barriers in the journey.	• Need to address **each stage of journey in outreach and communications**
	Consumer interest is largely driven by their premium expectations, and their take on the value of insurance. Different people calculate this value differently.	• **Generic promises of "affordable" won't cut it**. Consumers are seeking a clear price tag.
	People have both rational and emotional goals, and it is the emotional goals (peace of mind, meeting norms, feeling secure) that make insurance worth the price.	• Product and outreach must be designed to **offer trust and peace of mind at every touchpoint**
	For small businesses, broker are critical intermediaries, treasured and trusted by business owners. Their clients highly value their expert analysis and efforts to simplify choices.	• The exchange must secure a **close relationship with brokers to** win the business audience.
EXCHANGE FINDINGS	**Most participants saw potential in the exchange concept**. Even outspoken opponents of the ACA found some aspects appealing.	• The fact that nearly everyone wants a better way to access insurance **creates an opening for the exchange concept.**
	In terms of branding, the words "Marketplace" and "Choices" resonated most with participants. Many found "Exchange" confusing.	• If validated by quantitative data, **Marketplace or Choices could be the more effective term** to use in naming the exchange.
	The concepts "Right Fit" and "Marketplace" were the most appealing to participants. They conveyed personalized choices and competition.	• These could offer the **best initial framework for developing broader campaign strategies**.

Quantitative Research

Consumer Survey

- Telephone survey of uninsured and individuals purchasing non-group health insurance
- June 15 – July 14
- Sample size: N=797
    - Uninsured N=377
    - Non-Group N=420

Business Owner Survey

- Telephone survey of owners/decision makers for businesses with fewer than 50 employees
- June 15 to June 29
- Sample size: N=250

Quantitative Executive Summary: Consumers

KEY TAKE-AWAYS	IMPLICATIONS
76% of the uninsured are dissatisfied with their current situation. On the other hand, 59% of non-group individuals are satisfied with their situation.	• The uninsured will be more open to the exchange than will the non-group audience.
Non-group respondents are much more likely to say that people like them have insurance, whereas the opposite is true for the uninsured.	• The norm among the uninsured is a barrier that will need to be addressed and reversed.
All respondents feel the process of looking for and choosing health insurance is difficult.	• Ease of use and simplicity messages will resonate.
Costs and difficulties assessing coverage and benefits details were the primary hurdles all respondents mentioned.	• All benefits are viewed through the lens of cost and coverage.
While over half of the uninsured (56%) have considered buying insurance, less than one-quarter (23%) have shopped online for it.	• Both online and offline outreach materials are important.
The main “triggers” that prompt someone to look into health insurance are changes in health or employment status.	• Communications can use these situations as context when reaching out to individuals.
Overall, 28% of respondents had heard about the exchange website, with roughly 6 out of 10 reporting interest in using it.	• Current awareness of the exchange is low, but openness to exploring is solid considering the lack of information.
Among five potential choices, *Minnesota Health Choices* was the preferred name for the exchange among study participants.	• Results inform branding efforts.
Segmenting the audience by openness to using the exchange provides an actionable way to prioritize communications for “core” and “swing” users.	• Offers a framework to build outreach efforts around.

Quantitative Executive Summary: Small Employer

KEY TAKE-AWAYS	IMPLICATIONS
The majority of businesses offering health insurance to employees rely on a broker for assistance. Of those companies, the majority have held relationships with their broker for 5 years or more.	• Brokers are extremely important to keep in mind when considering the small business segment.
Businesses trust their brokers a great deal and need their expertise in decision-making. However, just half of them would be willing to compensate them should their firm not provide a commission.	• The broker relationship cannot be discounted, but opportunity does exist if the exchange is able to relay the same level of service minus the cost.
With the emotion of family and health removed, cost may be an even bigger factor for businesses than consumers. Affordability is clearly the main reason insurance isn't offered. The cost uncertainty of rising premiums and the instability of such a small pool of individuals (under 10 for most) make it difficult for employers to be able to project when making decisions.	• The impact on a small employer's bottom line is the most important factor. It is essential for the exchange to demonstrate not only competitive rates but cost certainty.
Less than 20% of small businesses are aware of a site that allows for insurance comparison and purchase. That said, there is definite interest, even among those using brokers.	• Initial general awareness building should be received positively by businesses.
Only a quarter of small businesses were interested in providing contribution amounts for employees to apply themselves or a system where employees choose from a list of approved plans.	• Employers value control over costs in order to maintain a healthy bottom-line. Ditch defined contributions in favor of more comparison.
Just over half of businesses would need to know 75% of insurance plans on the market were featured in the exchange. Nearly a quarter would need 100% to be represented.	• The exchange will need to include the majority of plans in the marketplace, but not necessarily all.
The majority of small businesses believe that at least half of similar businesses offer health insurance to employees.	• The norm barrier is not a particular problem for small businesses.

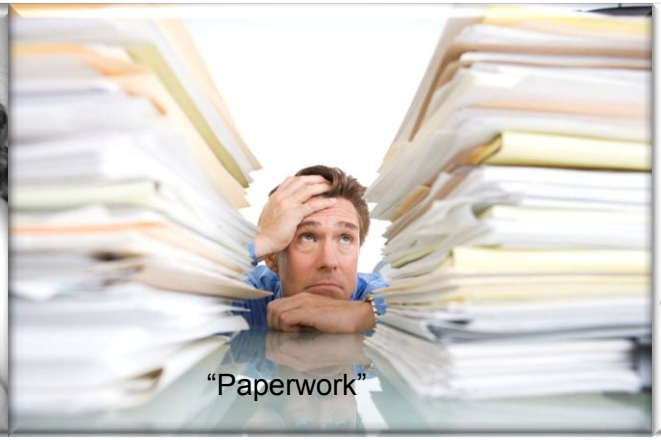
Reviewing the consumer research

What are people are seeking?	What factors influence people?	How might we promote the HIX?
Current Situation (Current State) VS What consumers want (Desired State)		 • Name (pg. 51) • Governing structure (pg. 53) • Branding concepts (pg. 55) • Interest Levels (pg. 57) • Segmentation (pg. 59) • Product Features (pg. 69)

WHAT ARE PEOPLE SEEKING?

Current Customer Experience

We asked participants what images came to mind when they thought about seeking insurance. All were negative – crooks, paperwork, smoke coming out of ears, nausea, etc. This is an opening.



Shopping for health insurance is a **negative experience**. The insured are frustrated by the cost. The uninsured feel cheated and scared. Those buying health insurance on their own find the process overwhelming.

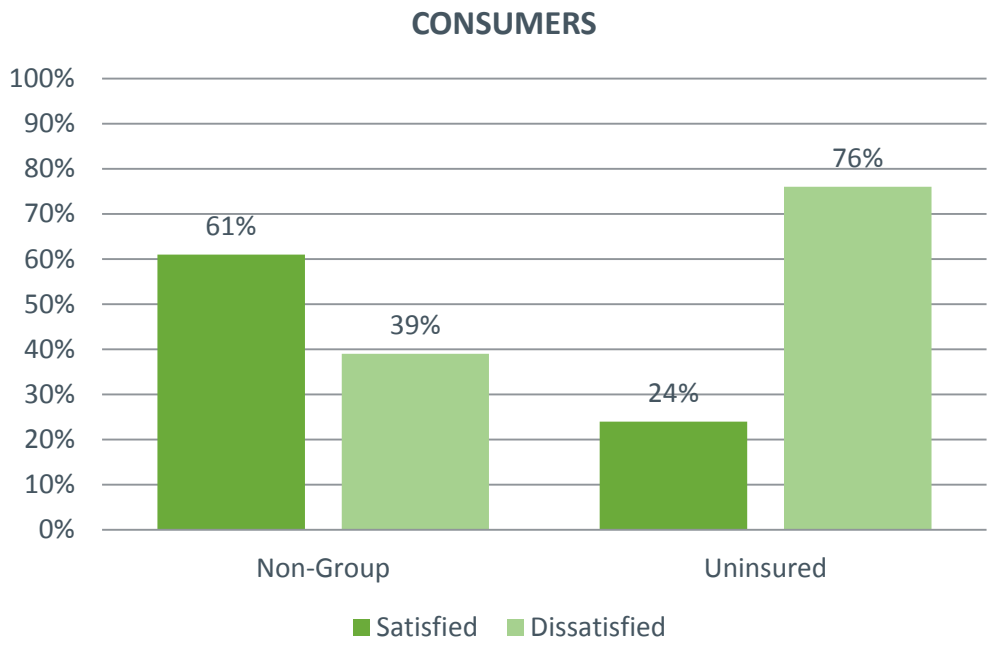
This provides an opening for the exchange: People want a better way. But it also reveals a challenge: People are skeptical. **The exchange must address this on both a rational and emotional level: People want an easier, more affordable process, but they also want to have a greater feeling of trust and security**

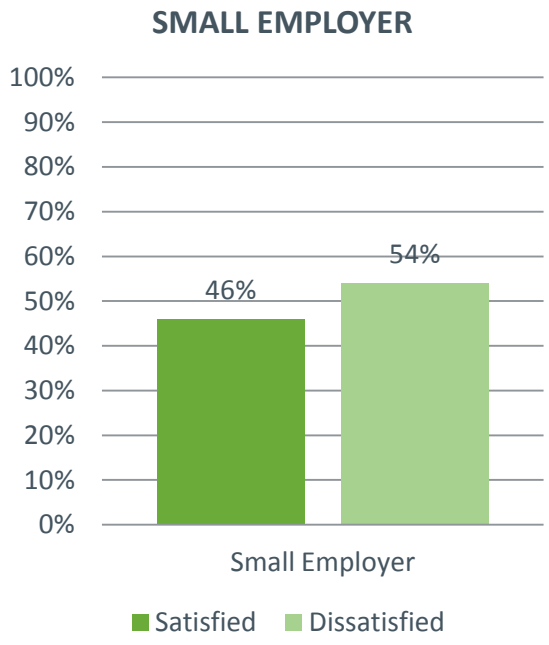
"I find buying insurance a pain in the ass. It's difficult, hard to keep track of, the law changes. It's a complex business."
— Small business owner, Duluth

"I want to run away. But I'm at the age that I can't run away."
— Uninsured resident, Marshall.

Satisfaction with current insurance status

The uninsured are the most dissatisfied … but nobody is really happy. Half the business owners described themselves as dissatisfied. Even 2 out of 5 people who buy insurance for themselves are dissatisfied with their situation.





Base sizes: Uninsured=377; Non-group=420; Small employer=250

Current State: How consumers seek health insurance

We asked consumers about the last time they sought health insurance. The experience can be broken into four parts: the trigger, the pre-qualifying questions, the search, and closure.

Trigger: What prompted the search for health insurance (their goal)

Pre-qualifying: Initial questions that can stop the process before it begins

Search: The process consumers use to search for and evaluate options

Closure: How the process is resolved, either with insurance or without.

Common reasons why participants sought insurance included:

- Self or spouse has lost a job (goal: to preserve current insured state)
- Can't afford policy offered through work (goal: find a cheaper policy)
- Costly medical issues (goal: reducing costs)
- Marriage or birth of a child (goals: being responsible, providing regular medical care for children)
- Find a better deal (goal: reducing costs and improving coverage)

Certain barriers, such as the expectation of prohibitive costs and worries about pre-existing conditions, keep some people out of the market. For the exchange, these perceptions could act as "pre-qualifying" events where people opt out of consideration. This decision tended to center on three key "pre-qualifying" questions:

- Is this a cost I can afford?
- (For some) Am I the type of person who can get government help with this? (Some people eliminate government help as an option)
- Does my health condition disqualify me?

Consumers tend to search the internet; business owners favored brokers. Some tried both.

Internet. Consumers used both search engines (typically google) and online comparison sites to locate and compare plans. One downside participants cited to the online comparison tools is spam email and sales calls. This is an opening for the exchange.

Brokers. Brokers simplify the process, providing side-by-side comparisons of "right-fit" plans. Most business owners felt a high degree of loyalty to their broker.

Both. Some consumers start with a broker and move to the web when they become more savvy. Others are frustrated by the web and seek a broker.

Broker purchase. These consumers tend to be the most satisfied; but some worry that commissions might influence brokers.

Direct purchase. Consumers use online comparison sites to shop but usually purchase directly with a carrier. This behavior (window shopping) could also take place with the exchange..

No purchase. Some consumers seek but do not find, because:

- Process is overwhelming / can't make a good decision
- Can't afford it / don't qualify for government help
- Pre-existing conditions

Current State: How business owners seek insurance

We asked small business owners about the last time they sought health insurance. Those who did secure insurance almost always had turned to the same place – an insurance broker.

Trigger: What prompted the search for health insurance (their goal)

The broker: Most small business owners use, and trust, their broker. There is some concern about whether commissioners influence offerings, but it is minimal.

Closure: How the process is resolved, either with insurance or without.

Common reasons why small business owners sought insurance included:

- Norms– competitors offer insurance so they do, too
- Reducing turnover – they know their employees want insurance, and think they will be able to hang onto good employees longer if they provide it.
- It's the right thing to do – owners feel responsible for their employees' welfare, and providing insurance is part of that

Small business owners typically turn to brokers to navigate the complexity of selecting health insurance. They value that brokers:

- Offer side-by-side comparisons of tailored, limited choices
- Help manage paperwork, forms
- Save time
- Provide trusted advice

"I would think twice about doing anything without my broker's opinion; he's been a trusted advisor for many years."
— Small business owner, Twin Cities

"The thing about brokers is they have their commission. So they are pushing who they get paid the best from."
— Small business owner, Marshall

"It was very easy with the broker, because he found what was good for me and I just signed the paper. With online, if it was that simple, I might not need him. I really don't want to spend all my time looking, so it's nice to have somebody I trust just say, 'That's the right one for you.' " — Small business owner, Rochester

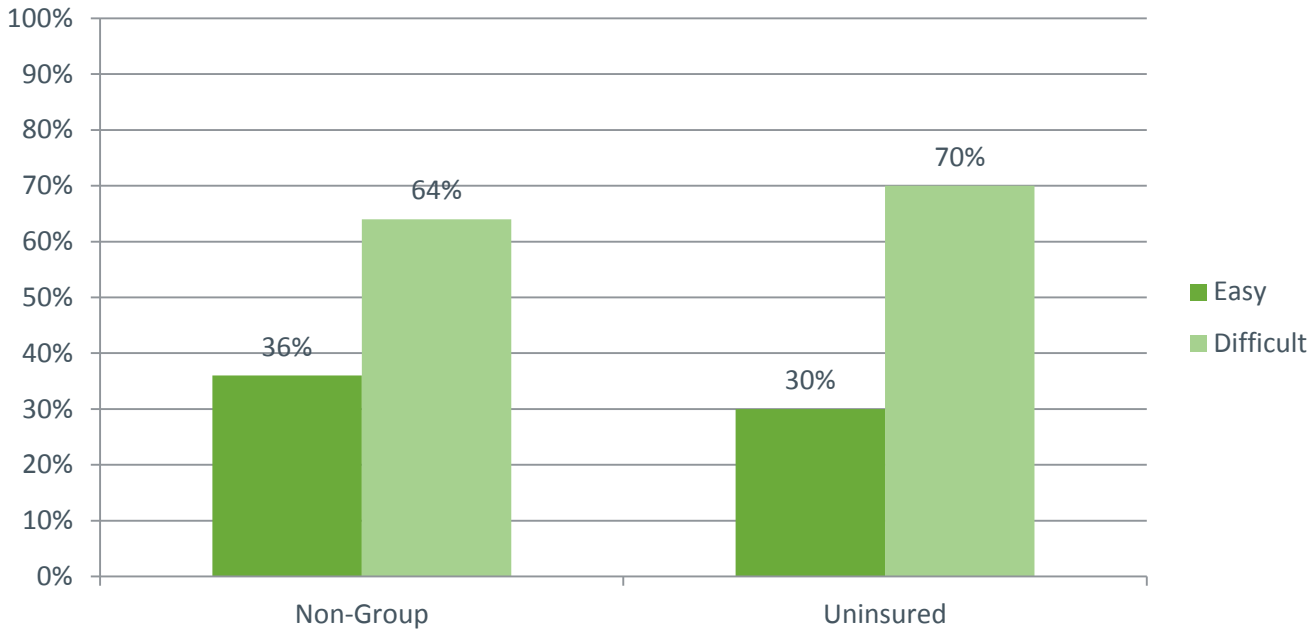
Small business owners who buy through a broker are generally satisfied with the experience, although the rising costs of health insurance are a deep concern.

Those who can't afford health insurance feel badly that their employees go without; it's something they feel they should do. They also worry that when the economy recovers employees may jump ship to a job with benefits.

Employers who don't provide insurance are more open to the concept of a defined benefit that allows employees to choose their own health plan.

Getting health insurance isn't easy

Whether you're uninsured or paying for insurance on your own, the consensus is that the health insurance process is not at all easy. The process itself presents a large barrier to participation.



Base sizes: Uninsured=377; Non-group=420

Consumers: What makes the process difficult?

While a number of consumers complain about the complexity of finding an attaining insurance, the top reason, by far, that insurance is difficult to find is prohibitively high prices.

Open-end response (% mentioning)	Non-Group (n=420)	Uninsured (n=377)
Prices too high	**38%**	**54%**
Hard to tell what's covered, what's not	17%	9%
Difficult to compare benefits across plans	17%	7%
Nothing	9%	11%
Rejected due to pre-existing condition	14%	6%
It's very confusing	8%	7%
Difficult to compare prices	9%	6%
Difficult to research / No one-stop-shop	10%	7%

Business: What makes the process difficult?

High prices are an even greater barrier for small businesses, regardless of broker assistance or not.

	Total (n=250)	Broker (n=102)	No Broker (n=54)
Frequent premium increases	**72%**	**78%**	**61%**
Steep premium increase	**65%**	**70%**	**57%**
Age of my employees continues to increase	56%	57%	56%
The options I have become more and more limited	52%	53%	50%
Plans are too complex	51%	51%	50%
Difficult to compare benefits across plans	49%	49%	50%
Difficult to understand what is covered by the plans	47%	49%	44%
Medical underwriting (i.e., increased costs due to medical history of employees)	46%	50%	39%
Difficult to compare prices	46%	46%	44%
Plans do not meet the needs of my employees	31%	32%	30%
Plans are too limited in scope	26%	26%	26%

Four Types of Consumers

We spoke with four types of consumers, sharing a number of similar frustrations and expectations, but each representing its own challenges as well

UNINSURED

- Feel cheated and defeated: premiums are out of reach
- Many cite pre-existing conditions
- Face financial and emotional stress
- Dislike “handouts.”

“It’s sad that in my profession, if I get hurt, I hope that it’s between punch in and punch out time.”

NON-GROUP

- Highly value insurance coverage
- Want apples-to-apple comparisons
- Suspect others get better deal
- Got help from expert
- Hate sales calls and spam

“I don’t know how much longer I will have health insurance.”

HISPANICS

- Being insured is not the norm
- Concerns about legal status

"I had insurance for almost 16 years but I lost my job and haven't had insurance for 2 years. I don't have a job right now.”

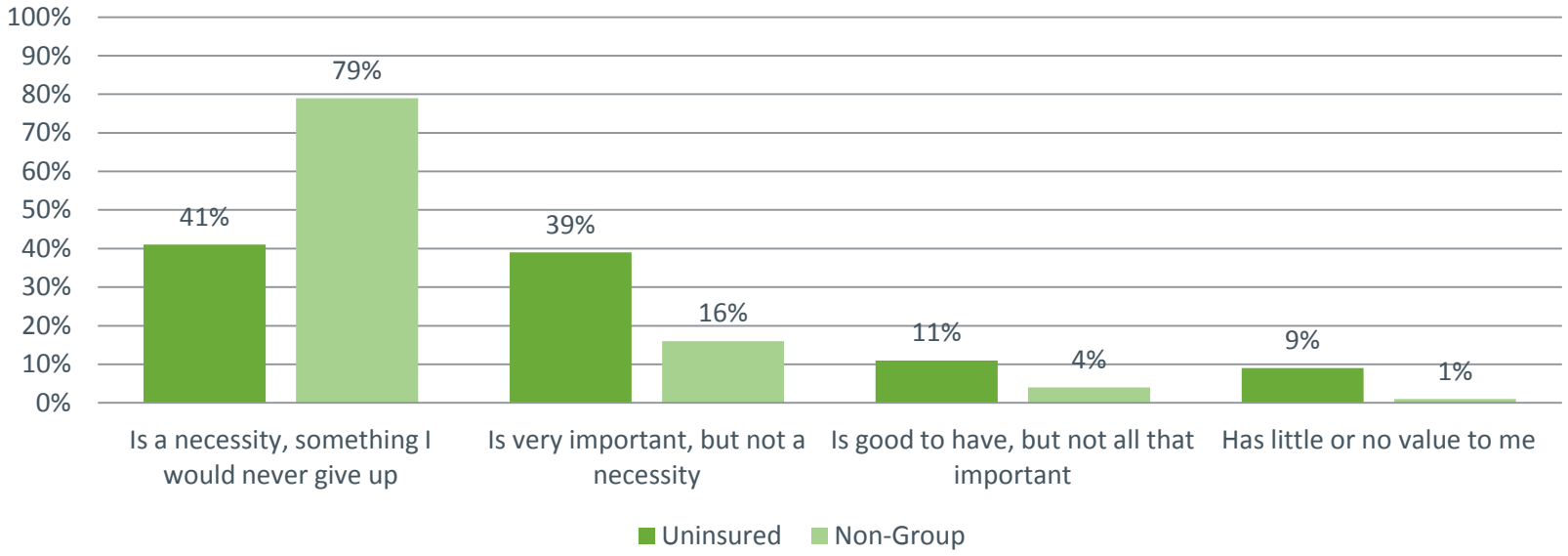
MEDICAID

- Dislike in-person app. process;
- Prefer help from real people
- Feel disrespected; seeking common courtesy and respect

“The state doesn’t work for me [to run the exchange]. They are inefficient, disrespectful.”

Perceived need for insurance varies

Unsurprisingly, non-group consumers value insurance more than the uninsured. The clear majority see it as a necessity they would never give up, as evidenced by their individual purchase of plans.



Base sizes: Uninsured=377; Non-group=420

What people want to know first

- **What's the cost?**
- **What's the coverage?**
- **Who is making the offer? Trustworthy?**
- **Can people with pre-existing conditions get covered?**
- **What doctors or insurance plans can I access?**

The typical starting points for both consumers and small business owners were cost and coverage.

Just over half the participants wanted to know first about cost, a subject nearly every participant mentioned in their top three questions. About half also asked about coverage, though typically as a second or third question. Other common questions focused on:

- Who was behind this new way to seek health insurance (who ran it or set it up)?
- How did it work and how easy would it be to use?
- What providers (doctors) or insurers might be accessed?
- Would it exclude people with pre-existing conditions?

What people are seeking

CURRENT STATE

- Overwhelms me
- Leaves me worried
- Lots of complexity and paperwork
- Need for expertise, help (often fulfilled by broker)
- Feeling sticker shock – high prices keep going up
- Uninsured unable to secure product

GAP

DESIRED STATE

- Peace of mind
- Trust, security
- Choices distilled to key decision points
- Expert guidance available when it's needed
- Clear prices offering the best deal
- Uninsured get affordable coverage

How can we help people move to the desired state?

WHAT FACTORS INFLUENCE PEOPLE

Seeking health insurance: A CONSUMER'S journey

Trigger: Prompting the search for health insurance (goal)

- Self or spouse has lost a job (goal: to preserve current insured state)
- Can't afford policy offered through work (goal: find a cheaper policy)
- Costly medical issues (goal: reducing costs)
- Marriage or birth of a child (goals: being responsible, providing regular medical care for children)
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Pre-qualifying: Initial questions that can stop the process before it begins

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Search: The process consumers use to search for and evaluate options

Internet. One downside participants cited to the online comparison tools is spam email and sales calls. This is an opening for the exchange.
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Both. Some consumers start with a broker and move to the web when they become more savvy.

Closure: How the process is resolved, either with insurance or without.

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Direct purchase. Consumers use online comparison sites to shop but usually purchase directly with a carrier. This behavior (window shopping) could also take place with the exchange..
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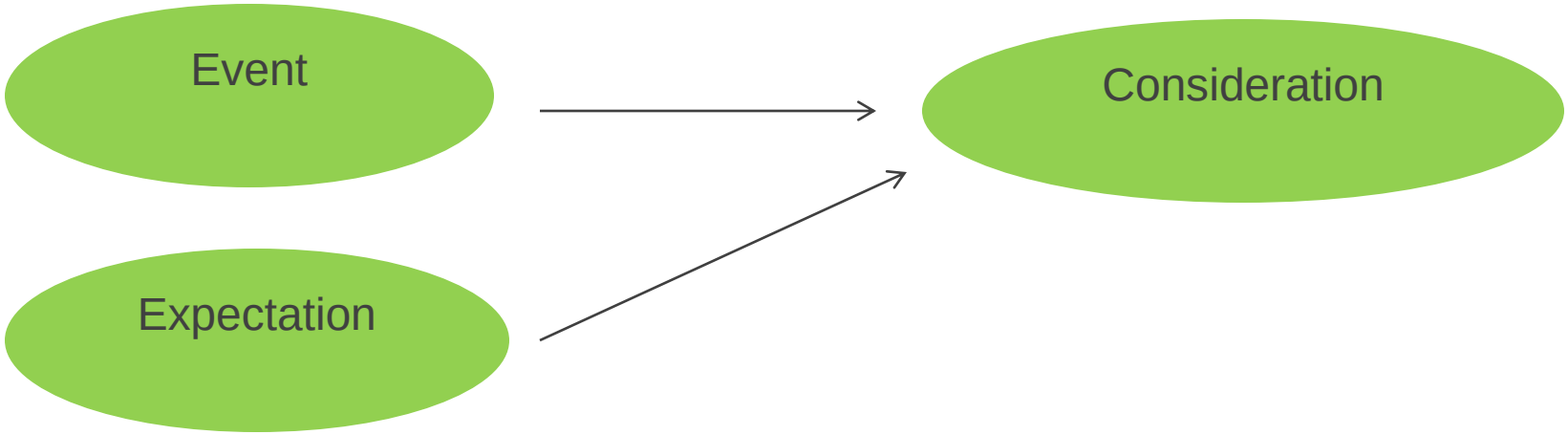
Consumer Triggers



Events that can trigger consideration

TRIGGERS

Event

The primary motivators consumers encountered when considering looking for insurance were major life events like a change in health or employment status. This relates directly to the real life benefit of health insurance: Not only does insurance provide access to medical care, it relieves worry about potential financial ruin due to a major medical event. The payoff is peace of mind.

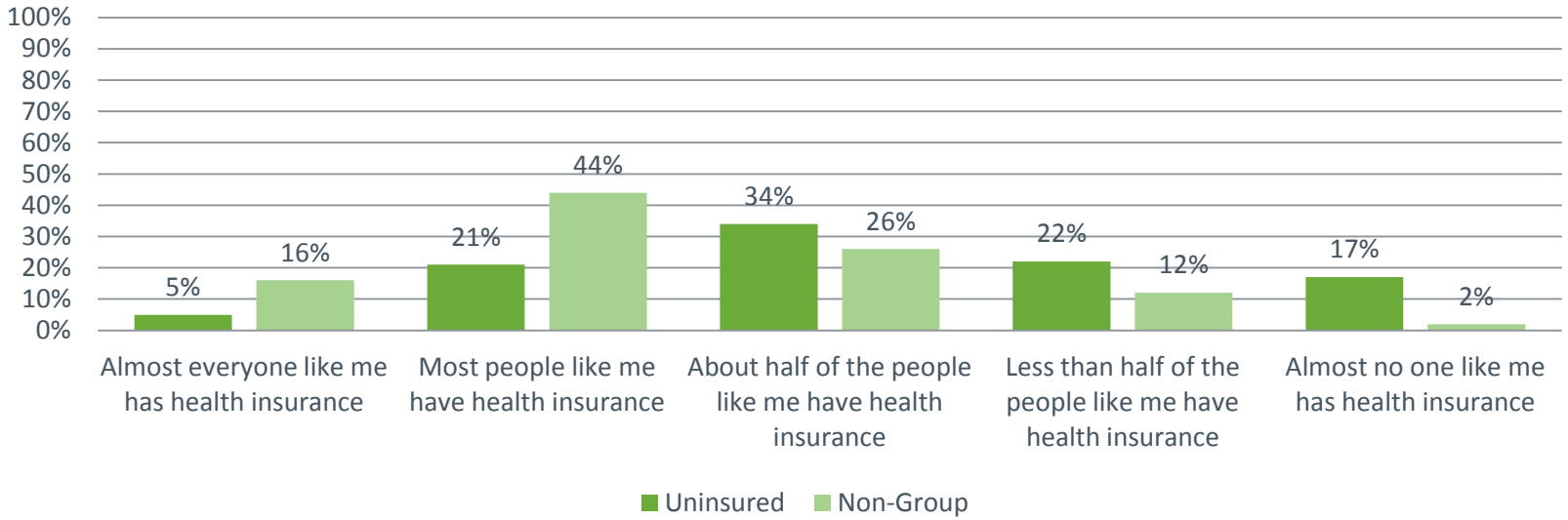
Thinking about the last time you looked for health insurance, what prompted you to look for insurance?	Uninsured
Change in **health status** (got sick, new diagnosis, etc)	26%
Change in **employment status** (lost job, changed job, etc)	17%
Had a **child** or adopted a child	5%
Talked to someone about health insurance	5%

Norms: Being uninsured is … normal

TRIGGERS

Expectation

People tend to think of themselves as part of the norm. For non-group participants, it means they expect most people to have coverage like they do. For the uninsured, though, it means they understand the health and financial risk they carry around daily to be a normal part of life. On the positive side, people's personal self-standard (e.g., "I am the family provider.") was often a motivation for seeking insurance.



Base sizes: Uninsured=377; Non-group=420

Uninsured: Priced out of the market

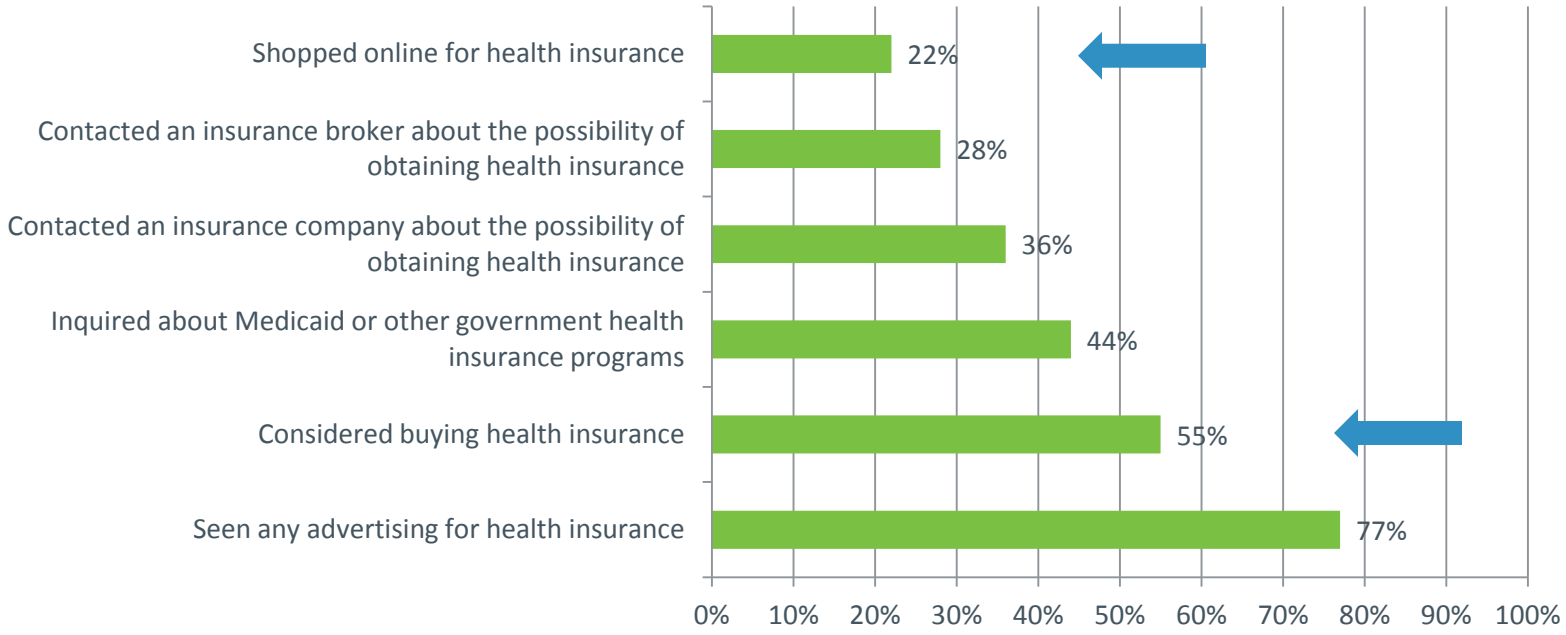
PRE-QUALIFYING

While some uninsured feel impervious to illness or don't worry about the costs of what they need, the vast majority feel priced-out from coverage. In fact, this belief is so deeply ingrained that many forgo further time in determining eligibility for assistance. A challenge – and an opportunity – for the exchange will be persuading these consumers that things have changed – in terms of both premiums (due to assistance) and the ease with which one can determine price.

What is the main reason you do not have insurance? (open-end)	Uninsured (n=377)
Cost AND more than I could possibly afford / I don't earn enough money	**63%**
Costs AND more than I am willing to pay / Not worth the cost	11%
I am healthy / don't get sick so I don't really need it	6%
I have a pre-existing condition so could not find a plan that would cover me	5%
I can afford to pay for the health care I need so I don't need health insurance	3%
I just pay as I go / Just cheaper to pay doctor	2%

Uninsured: Many not shopping

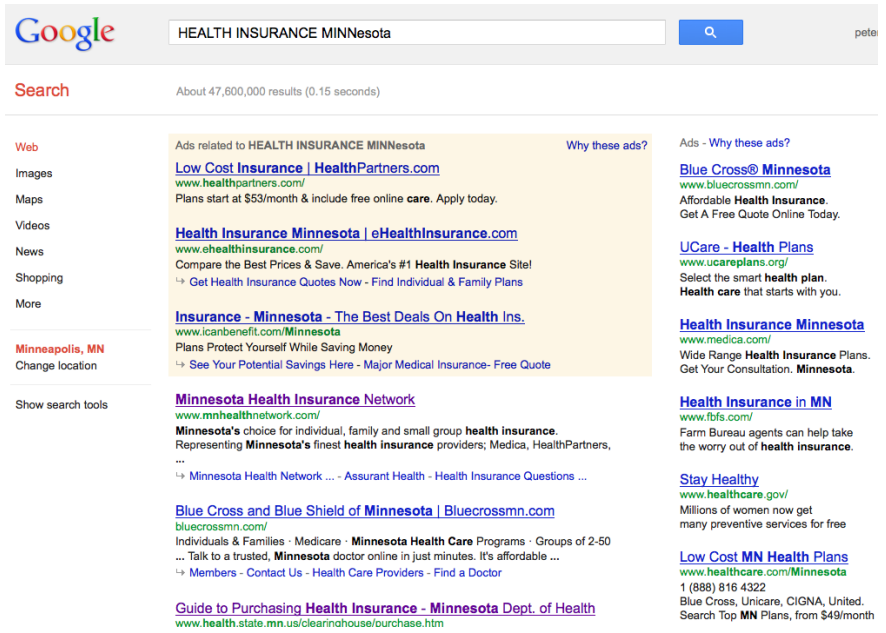
Survey results help illustrate the lack of motivation around the current system. Over half of uninsured respondents have considered buying health insurance. But when it comes to the brass tax of actually purchasing, less than a quarter have shopped online (the starting point for most people).



Base sizes: Uninsured=377

Many who shop look online

The majority of participants who had shopped for health insurance started with an online search, with occasional outreach to trusted sources.



Google search results produce online ads and organic results rom health insurance carriers and a few comparison sites, as well as a guide from the Minnesota Department of Health.

Most participants who had shopped for health insurance – whether for their business or themselves – started with a general online search on their web browser. Another frequent source was to ask trusted sources – generally a friend or relative, other business owners, or a broker.

The exchange should invest significantly in search engine optimization, search engine marketing and social media to capture people who are beginning the process of shopping for health insurance.

[How do you shop for health insurance?] "Google or ask other small businesses in town." — Small business owner, Duluth

"I Google first." — Nongroup policyholder, Twin Cities

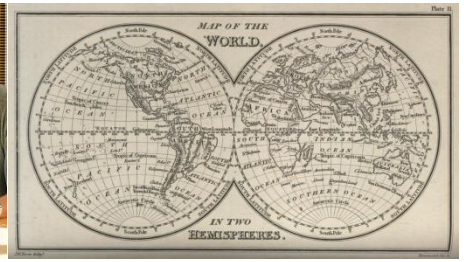
"The Internet. Just a Google search or check different links." — Uninsured resident, Marshall

"Can I see testimonials from people who already have it?" — Uninsured resident, Bemidji

SEARCH

Brokers: Engaging the audience

For many participants, brokers were trusted advisors who helped them navigate the confusing, anxiety-producing health insurance landscape. Many participants said they would only consider using the exchange if they could find an affiliated broker.



Participants who used brokers reported being presented with clearly presented side-by-side comparisons of pricing and coverage, all customized to the client's needs and budget. In other words, **brokers were seen as providing much of what the exchange is promising**. Many participants, especially small business owners, wanted to be able to talk to someone who they trusted before making a purchasing decisions. Brokers generally played this role as trusted advisor; however, participants also sometimes worried whether hidden sales agendas might be at play in their brokers' recommendations.

Finding a way to bring the broker-client relationship into the exchange will be key to targeting the small business and non-group markets.

"Instead of having to compare all this stuff online I'd rather have somebody just help me – it's way too time consuming. Sit down, tell me about it." — Small business owner, Marshall

"The thing about brokers is they have their commission. So they are pushing who they get paid the best from." — Small business owner, Marshall

"I would think twice about doing anything without my broker's opinion; he's been a trusted advisor for many years." — Small business owner, Twin Cities

"The first time I bought my own, I used a broker and found that helpful. Now that I know some things, I usually go online and do it myself." — Non-group policyholder, Twin Cities

How consumers price value

What's health insurance worth? Three models summarize how the uninsured and non-group participants calculated the dollar value of a potential insurance premium.

Transactional
Basis

Expected medical costs for the coming year based on experience

*Some participants saw limited value in health insurance, which basically boiled down to the insurer's ability to negotiate discounts from health providers. For these participants, **insurance is a way to avoid likely cost**s. When faced with the true cost of insurance, these participants tended to question the economic sense of paying up-front to avoid what are potentially lower costs for medical care. These participants were often young and healthy.*

Pure Actuarial
Basis

Expected medical costs for the coming year based on projection

+

Value of being covered in the event of a catastrophic medical event

*Other participants also considered the value of being protected from financial calamity in the event of an unexpected medical problem. This group felt more confortable spending something on health insurance since **the value of covering an unexpected event seemed significant** and its precise value is difficult to calculate, but presumed to be very significant.*

Full Value
Basis

Expected medical costs for the coming year based on projection

+

Value of being covered in the event of a catastrophic medical event

+

Normative, Self-Standards and/or Peace-of-Mind Value

*Still other participants, especially those with families and those who had been previously insured, saw **additional value in how being insured made them feel**. For these participants, health insurance offered a way to live up to social norms, meet self-standards or gain "peace of mind." These participants were the most likely to be interested in pursuing health insurance or already covered.*

Cost Expectations

In general, Non-Group members expect higher monthly premiums than the uninsured. On average, they both expect to pay between $300 and $500. Both groups tend to overestimate the contribution they would have to make: a positive opportunity for the exchange to disrupt misperceptions with positive news.

Income of Single Adults	Actual Monthly Premium Contribution	Minimum Expected Contribution	Maximum Expected Contribution	Average Expected Contribution
Up to $15,000 (n=58)	$18 to $36	$229	$245	$237^^^^^^^
$15,000 up to $25,000 (n=72)	$54 to $114	$323	$337	$330^^^
$25,000 up to $35,000 (n=73)	$183 to $259	$380	$397	$389^^
$35,000 up to $50,000 (n=107)	$345	$532	$559	$546^^
$50,000 up to $75,000 (n=76)	$345	$484	$503	$494^
$75,000 up to $100,000 (n=38)	$345	$509	$533	$521^^
$100,000+ (n=30)	$345	$609	$622	$616^^

^ = number of times greater than actual contribution

Key elements being sought

How to close the deal
(a communicator's and designer's checklist)

- ❑ Help consumer **recognize need**
  - Rational – covering expected and unexpected medical costs
  - Emotional – norms, peace of mind, security, self-standard
- ❑ Clear affordable **price tag** up front
  - Specific cost versus generic promises of "affordable
  - Offer financial assistance without framing as a "hand-out"
- ❑ Clearly **valuable coverage**
- ❑ An intuitive process that offers choices, but **distils the decision-making** to a few meaningful decisions.
- ❑ A product that **fulfills emotional needs** – a product that engenders trust and peace of mind at every touchpoint

The small business owners' journey

Trigger: Prompting the search for health insurance (goal)

Common reasons why small business owners sought insurance included:

- Norms– competitors offer insurance so they do, too
- Reducing turnover – they know their employees want insurance, and think they will be able to hang onto good employees longer if they provide it.
- It's the right thing to do – owners feel responsible for their employees' welfare, and providing insurance is part of that

The broker: Most small business owners use, and trust, their broker. There is some concern about whether commissioners influence offerings, but it is minimal.

Business owners typically turn to brokers to navigate the complexity of selecting health insurance. They value that brokers:

- Offer side-by-side comparisons of tailored, limited choices
- Help manage paperwork, forms
- Save time
- Provide trusted advice

Small business owners who buy through a broker are generally satisfied with the experience, although the rising costs of health insurance are a deep concern.

Closure: Brokers offer owners a clear choice based on custom business objectives

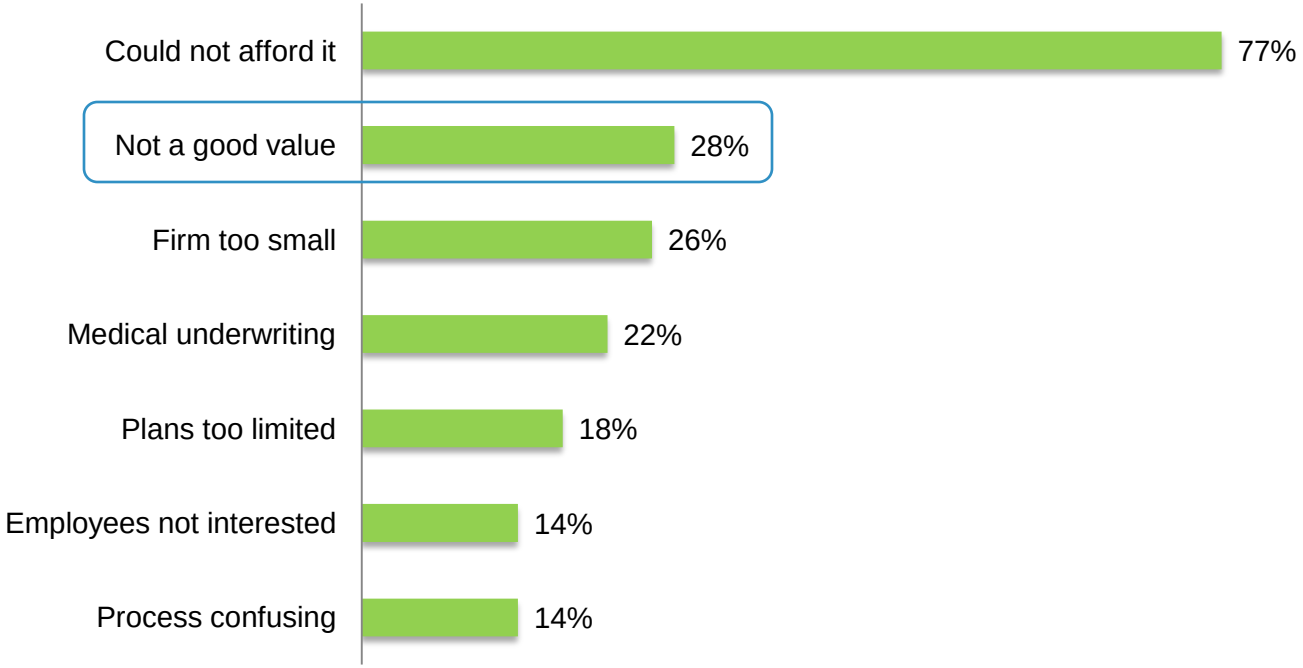
Those who can't afford health insurance feel badly that their employees go without; it's something they feel they should do. They also worry that when the economy recovers employees may jump ship to a job with benefits.

Employers who don't provide insurance are more open to the concept of a defined benefit that allows employees to choose their own health plan.

Small Business Triggers

TRIGGER: Prompting the search for health insurance (goal)
COST

The vast majority of small businesses that don't provide insurance to employees are hindered by cost. It is by far, the main reason that these businesses are unable to cover their employees.



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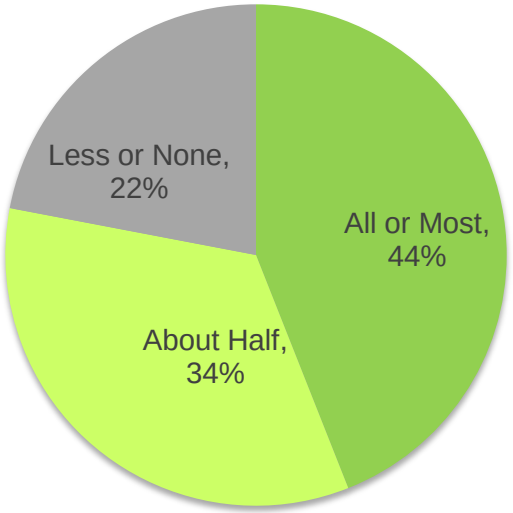
Small Business Triggers

TRIGGER: Prompting the search for health insurance (goal)
NORMS

Similar to consumers, small businesses tend to see themselves as the norm: those offering believing at least half of similar business offer insurance; those not offering believing more than half don't offer coverage

Firms that offer health insurance



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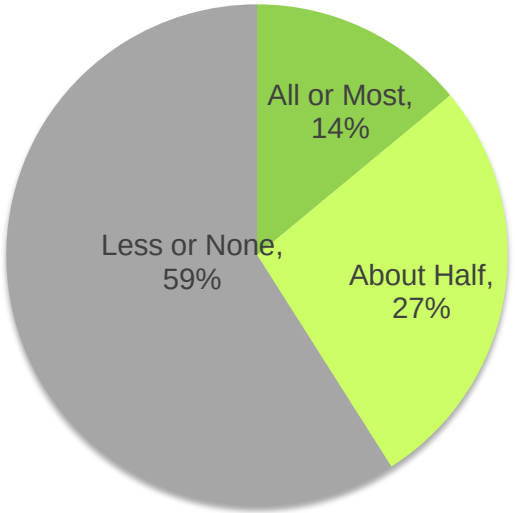
Firms that do not offer health insurance



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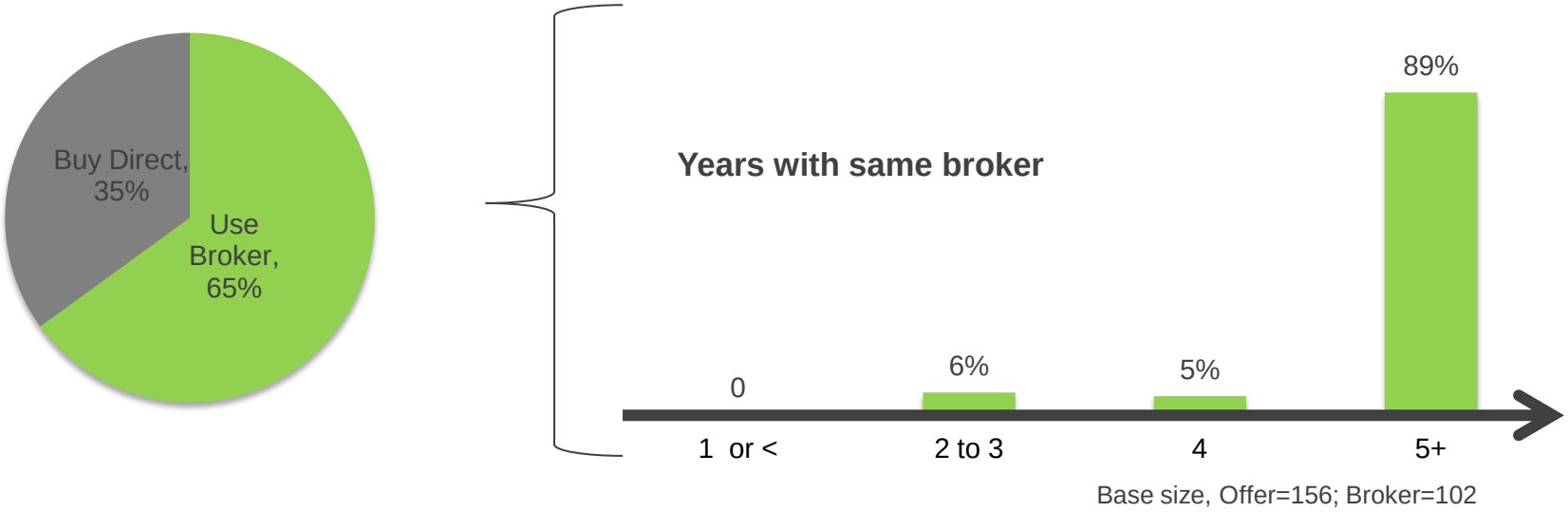
Small Employer & Brokers

BROKER: Most small business owners use, and trust, their broker.

Broker involvement is absolutely critical to the majority of small business owners. Typically, the broker represents the easiest, most reliable route to purchase, and for many, a close friend and associate.

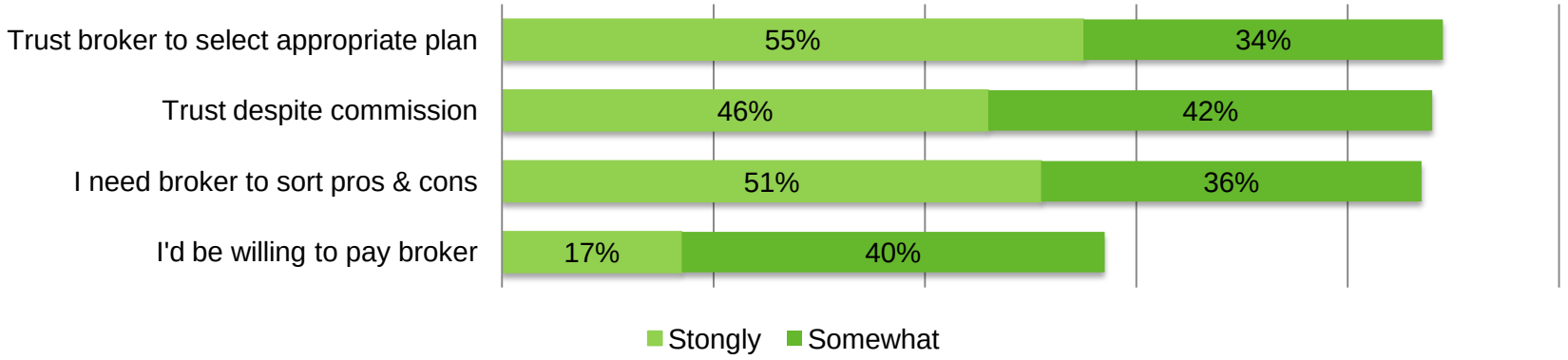


"I would think twice about doing anything without my broker's opinion; he's been a trusted advisor for many years." — Small business owner, Twin Cities

Closing the Deal: Brokers

Likely because of their long-standing relationships, brokers are afforded a great amount of trust by small businesses, as the majority totally trust their broker despite commission. Over half said they'd be willing to pay their broker if they weren't receiving a separate commission.

"Instead of having to compare all this stuff online I'd rather have somebody just help me – it's way too time consuming. Sit down, tell me about it." — Small business owner, Marshall



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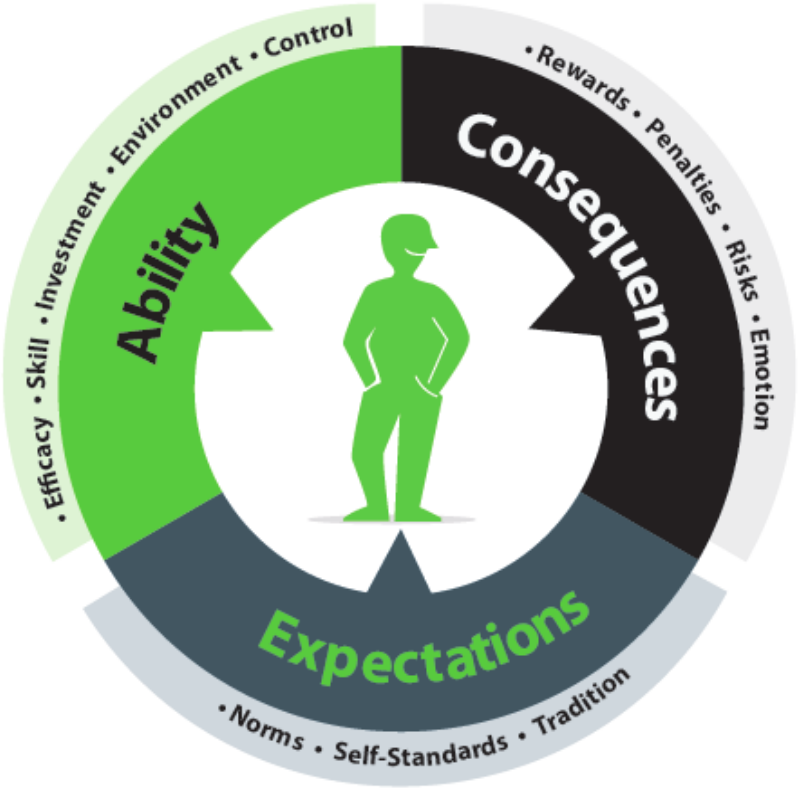
Key Behavior Factors: A Summary



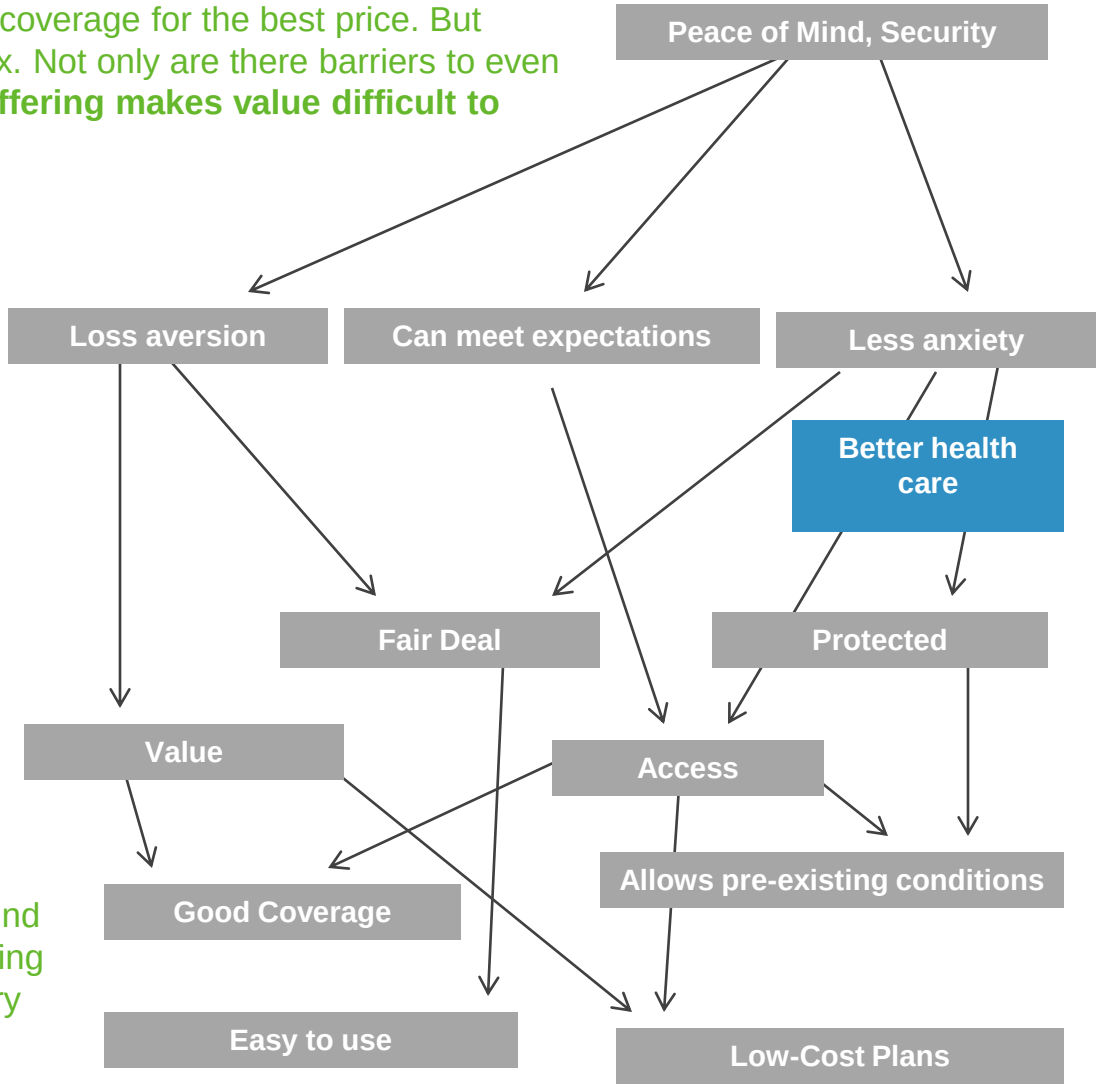
- **Consequences**:
  - What's the cost of not having insurance (Loss aversion)
  - What medical costs are coming up?
  - Access to doctor of choice
- **Norms**: What are most people like me doing?
- **Costs**: Is this something I can afford?
- **Efficacy**: Can I boil those this decision to a manageable set of meaningful choices
- **Emotional value**: Peace of mind

Desired State: value chain explained

Essentially **people are seeking value**, the best coverage for the best price. But seeking insurance is also emotional and complex. Not only are there barriers to even beginning the process, **the complexity of the offering makes value difficult to determine.**

This often triggered an emotional response. Several participants fretted “fine print” would ultimately leave them vulnerable if they committed a significant portion of their income to health insurance. As has been seen in other research, consumers were seeking an emotional state. They want the “peace of mind” of having potential medical costs under control.

This is an opening for the exchange, a filter around which to design all aspects of the product, assuring people feel reassured and peace of mind at every touch point.



WHAT MIGHT WE DO TO HELP?

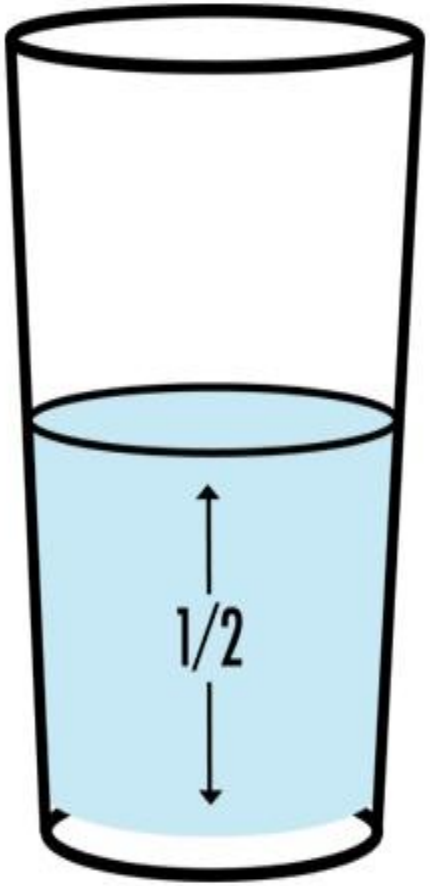
Opportunity: Openness to exchange concept

Most participants (though not all) saw potential in an exchange. Even outspoken opponents to “Obamacare” found aspects of the exchange concept appealing.

Nearly everyone wants a better way to shop for health insurance, creating an opening for the exchange concept. In general, people are looking for a better deal, and will view the exchange based on its ability to deliver that.

However, this hope is overshadowed by deep feelings of doubt about a system that leaves nearly everyone – whether they have health insurance or not – feeling cheated.

Widespread skepticism and negative feelings about the health insurance shopping experience means promises that the exchange will make insurance “easy” or “affordable” are likely to be dismissed out of hand.



“If saw something that gave me assurance that it is legitimate, I may check it out.”
— Non-group policyholder, St. Cloud

“It [the exchange] is a ray of light coming through dark clouds; hope with skepticism.”— Small business owner, Twin Cities

“Seems too good to be true. Can you really deliver all that?” — Small business owner, Twin Cities

“I was totally against this when we came in here, but I’m warming up to this idea of employees taking more responsibility in choosing a plan.”
— Small business owner, Twin Cities

“My gut feeling is that it [the exchange] is another layer of bureaucracy that we don’t need. I’d like to see it [the website] because maybe I’m dead-ass wrong.” — Small business owner, Duluth

What do we call the exchange?

Participants had a difficult time understanding the connection between “exchange” and health care. Many said it brought to mind images of the New York or Chicago exchanges, which “doesn’t get the point across” for health insurance.

Minnesota Health Insurance Exchange	Minnesota Health Choices	Minnesota Health Insurance Marketplace	Health Plans Minnesota	Minnesota Health Connection
PRO *“Things are just bought and sold, more innocent”*	**PRO** “That’s what it is”	**PRO** *“Direct, simple and to the point. Sounds more professional”*	(Not tested qualitatively)	(Not tested qualitatively)
CON *“Sounds like stocks, which are confusing”*	**CON** *“Wishy washy, not as classy”*	**CON** *“Doesn’t sounds like government at all”*		
SE*: **14%**	**32%**	**16%**	**23%**	**14%**
C**: **9%**	**36%**	**17%**	**17%**	**21%**

Consumers preferred this name, but in focus groups, some said it was bland and generic. Few thought it was unclear. Only “Exchange” was seen as confusing.

*Small Employer; **Consumer

What do we call the exchange – in Spanish?

None of the names appeared to translate well into Spanish. “Marketplace” and “Exchange” were rejected by Hispanic respondents as too commercial, which was seen as a bad thing. “Choices” fared better, but was not particularly persuasive either. Their preference: a focus on health.

Marketplace did not translate well for the Hispanic participants, all of whom were currently uninsured but many of whom had previously had insurance through a job. The name “Marketplace” translates as “mercado,” which brought to mind a Minneapolis shopping center frequented by Hispanics. This lacks an association with health care and thus sounds a bit silly – it provoked laughter in one group. Participants also disliked “Exchange” which they said sounded like trading.

Hispanic participants also differed from other groups in their strongly adverse reaction to treating health care as a commercial product. These participants intensely disliked the same terms that were so popular in English to the small business owners, words like “shopping” and “compete.”

“I think the word ‘buy’ (comprar) always has a connotation that it’s going to be really expensive.”

“Saying ‘market’ sounds like dollar, and that’s scary.”

“Mercado sounds like Mercado Central [a shopping center in Minneapolis frequented by Hispanics]. Mercado Central for health insurance? No.”

Governance

The hybrid option was preferred by most participants the focus groups and large portion of survey respondents.

State Agency

ADVANTAGES

- *State perceived as a having a deeper interest in public welfare*
- *Better coordination with existing state health insurance programs*

*"*Taking care of people is their job." -- Uninsured resident, Marshall

PROBLEMS

- *Government in general is widely viewed as inefficient*
- *Worries about corruption*

*"*Anytime a state gets involved, something gets messed up." -- Small business owner, Bemidji

Non-Profit

ADVANTAGES

- *Seen as potentially more neutral. Consumer Reports was widely cited as a model.*

"I think non-profit would create a balance between the state and non-profit agencies." – Uninsured resident, Duluth

PROBLEMS

- *Could have vested interests*
- *"Potential bone-headed board members."*
- *Might lack a "business perspective"*

"How would we know how to trust them?" -- Uninsured resident, Twin Cities

Hybrid

ADVANTAGES

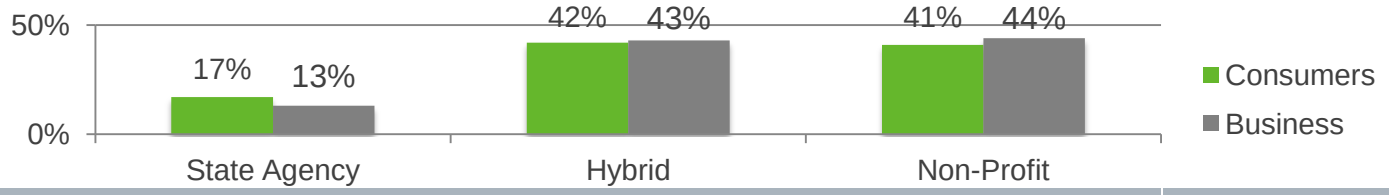
- *Provides checks and balances – state's interest in welfare of the people balanced by neutral party.*

"You can't have it run completely private or completely public or else the chicken's running out of the house." Small business owner, Marshall.

PROBLEMS

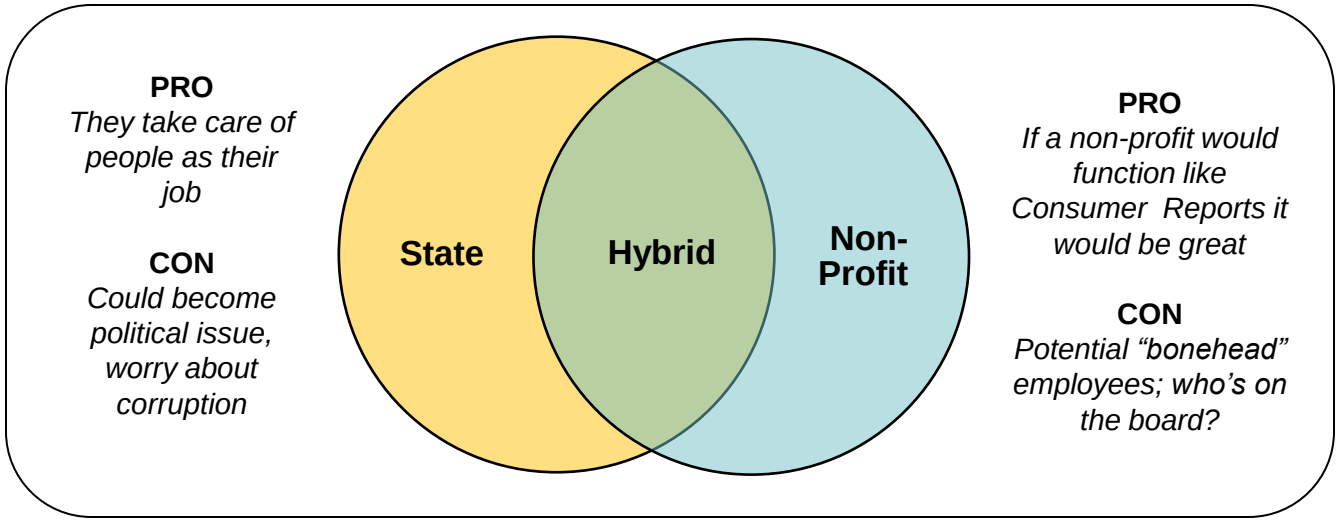
- *Concerns about efficiency*

"Subcontractors, etc…Doesn't sounds good." Nongroup insured, St. Cloud



Who should run the exchange?

The state is widely trusted (to an extent) and perceived to be concerned for residents' well-being; it's also seen as inefficient and bungling. A non-profit also raises concerns. Most participants argued for the best of both worlds: a hybrid agency.



Participants raised issues about housing the exchange in either a state agency or a non-profit. They tended to back a vague hybrid model, one defined as much by what it shouldn't as what it should be. There may not be a perfect structure. The key, regardless of how the exchange is designed, will be addressing the major concerns and emphasizing benefits of the structure chosen.

BENEFITS TO EMPHASIZE

- Accountability
- Minnesota run – close to home
- On the side of consumers

WORRIES TO ADDRESS

- Red tape
- Poor customer service
- Undue influence by insurance industry

Six branding approaches were tested

NO branding or communication firm had been secured at the time of the field work, so we developed six rudimentary branding frames and shared them with consumers for their feedback, Consumers where shown these concepts (order was randomized) and then asked how well each one addressed their needs and concerns.

"RIGHT FIT"

Minnesota wants to help you **find the right health insurance plan for you**. The state is creating a website where you can compare costs and what care is covered. You can explore both private insurance plans and public programs then select the best fit for you. The state is also setting up a toll-free help number and paying "navigators" to help people find the right health insurance plan for them.

"MARKETPLACE"

Minnesota is creating a **new health insurance marketplace**. It is a website where you can compare different health insurance plans and choose the one you like. Private health insurers compete to win your business. Lower-income people can also enroll in public health insurance programs.

"AFFORDABLE"

Minnesota is creating a way to **help people afford health insurance**. It is a website where middle-income people can reduce premiums with tax credits and where lower-income people can secure the insurance they need for free.

"EASY"

Minnesota is creating **an easier way to shop for health insurance**. It is a website that classifies private health insurance plans by how much they cover and lets you compare prices among similar plans. You just select the plan you like best.

"COMPARE"

Minnesota is creating **a better way to compare health insurance options**. It is a website where you can shop and buy health insurance. Plans are put into four levels – bronze, silver, gold and platinum – based on how much they cover. You can compare the monthly costs of similar plans, as well as co-pays and deductibles, and select the plan you like best.

"ONLINE SHOPPING"

Minnesota is creating **an online shopping site for health insurance**. It is a website that provides instant comparisons and allows you to buy a plan at any time. You can purchase insurance directly – no need to sit down with an agent, broker or anyone else.

Key Brand Elements: Competition and "Fit"

Participants liked the "fit for you" core message and appreciated the assistance of the "navigators"; however, they remained suspicious of who was behind the exchange. The "marketplace" core message brought images of actual in-store shopping which felt cheap to some, but also effectively relayed affordability thanks to competition between businesses.

"RIGHT FIT"

Minnesota wants to help you **find the right health insurance plan for you**. The state is creating a website where you can compare costs and what care is covered. You can explore both private insurance plans and public programs then select the best fit for you. The state is also setting up a toll-free help number and paying "navigators" to help people find the right health insurance plan for them.

"Navigators seem like real live people you can talk to."
— Uninsured resident, Duluth

"MARKETPLACE"

Minnesota is creating a **new health insurance marketplace**. It is a website where you can compare different health insurance plans and choose the one you like. Private health insurers compete to win your business. Lower-income people can also enroll in public health insurance programs.

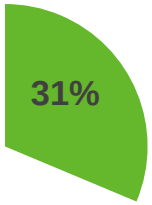
"Private companies competing for business is good."
— Uninsured resident, Bemidji

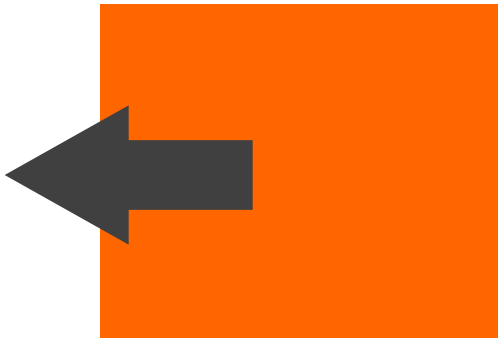
Targeting the “Low-Hanging Fruit”

As the saying goes: “Reinforce base; Persuade Swing.” You’re not going to get everybody to vote for you. Don’t want to waste your time and resources trying to change the minds of the ANTI group. Rather, reinforce your loyal BASE group first, then your next priority is to work on those most likely to be persuaded to vote for your candidate, and that’s these folks in the SWING group.

BASE

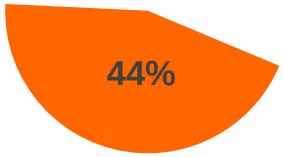
Very likely to use exchange





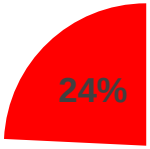
SWING

Middle two boxes



ANTI

Very unlikely to use exchange



Profile by Level of Interest

Base
- Middle-aged
- Unemployed
- Most educated and online
- Recently uninsured.

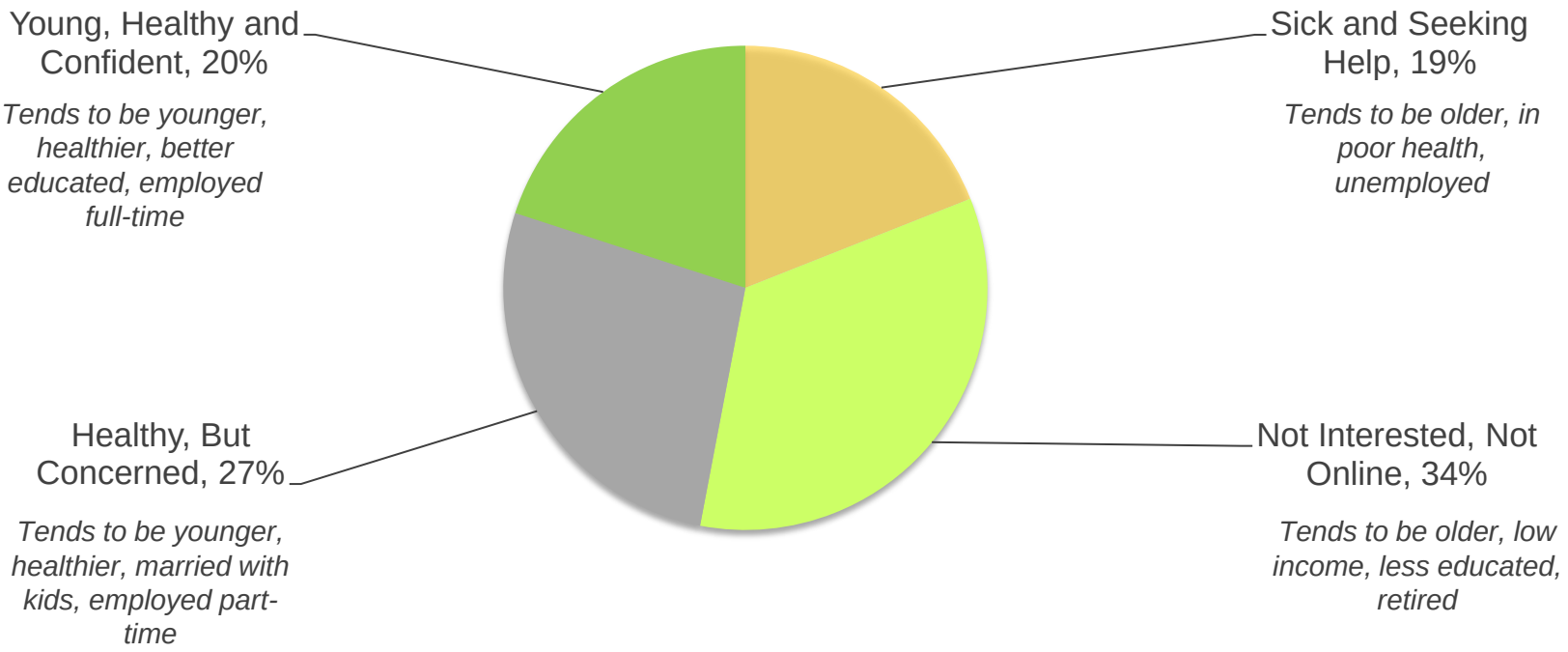
Swing
- Younger
- Often employed part-time
- College graduates

Anti
- Tends to be older
- lesser educated,
- Longer-term uninsured
- Online less

	Base	Swing	Anti
Age 25-34	17%	**19%**	11%
Age 35-44	12%	15%	11%
Age 45-54	**35%**	32%	32%
Age 55-64	36%	34%	**45%**
Married	63%	66%	58%
Never married/single	20%	24%	23%
Employed full-time	**39%**	**40%**	33%
Employed part-time	19%	**28%**	18%
Unemployed	17%	11%	19%
High school graduate	18%	23%	**28%**
Some college	27%	30%	**36%**
College graduate	**38%**	**32%**	21%
Uninsured less than 6 months	**25%**	20%	11%
Uninsured 6 months to 2 years	28%	**28%**	16%
Uninsured 2+ years	45%	45%	**57%**
Never had insurance	3%	6%	**17%**
Use internet daily/almost daily	**84%**	71%	43%
Have kids under 18	**38%**	**37%**	23%

Audience Segments

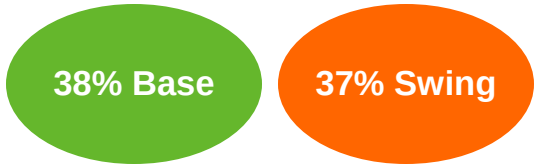
Based on demographics, attitude and behavior, the marketplace can be broken into four distinct segments: Sick and Seeking Help; Not Interested, Not Online; Healthy, But Concerned; Young, Healthy and Confident.



Audience Segments

Unsurprisingly, the segments most in need and interested also make up large portions of the base and swing groups.

- **Sick and Seeking Help (19%)**
  - 98% have chronic condition
  - 71% very dissatisfied



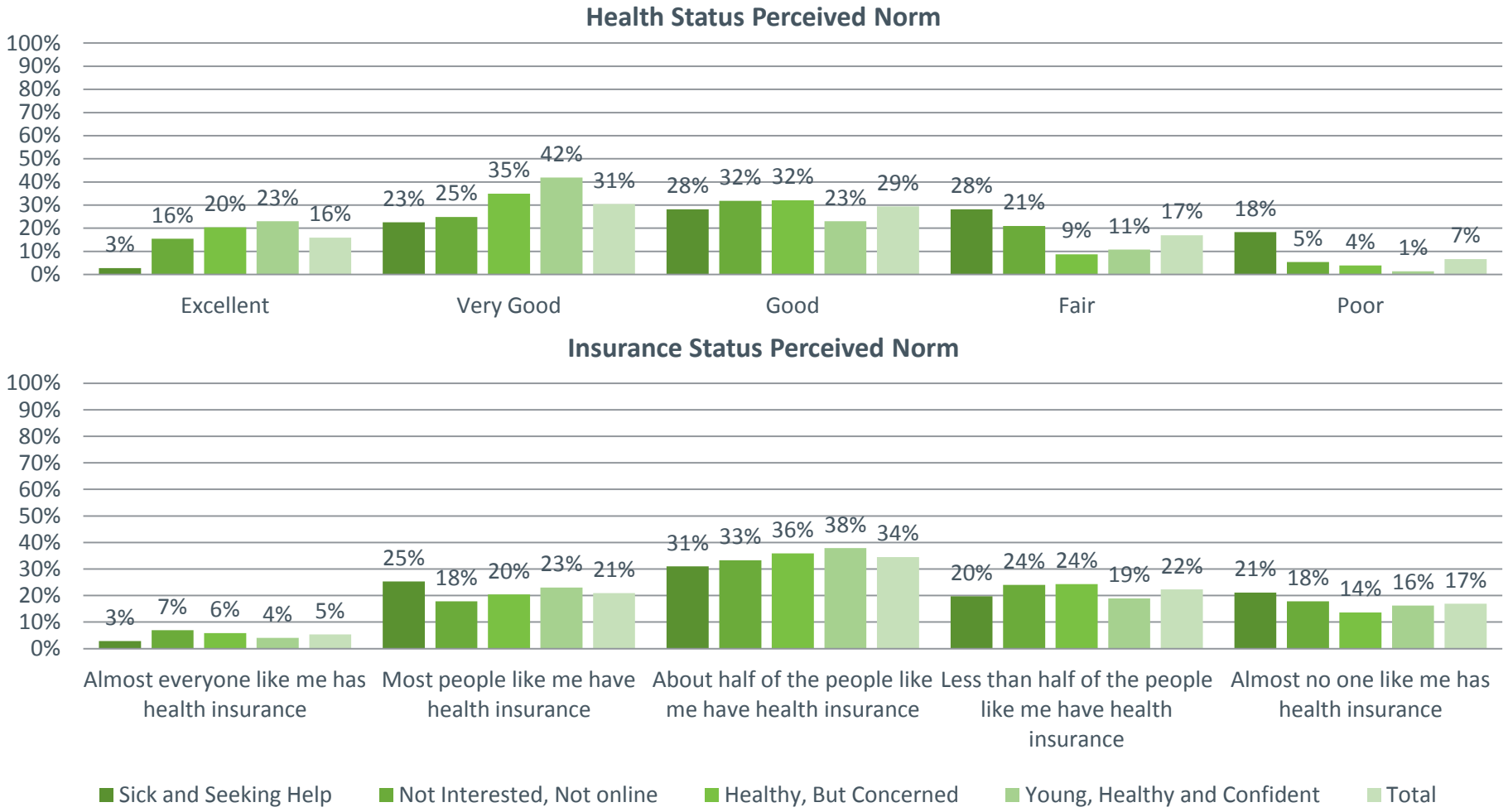
- **Not Interested, Not Online (34%)**
  - 74% uninsured for 2+ years
  - 10% use internet daily or almost daily
  - 44% earn $25k or less

- **Healthy, But Concerned (27%)**
  - 66% considered buying insurance
  - 0% have chronic conditions

- **Young, Healthy and Confident (20%)**
  - 46% under 35; 86% under 55
  - 100% think insurance is important, but not necessity

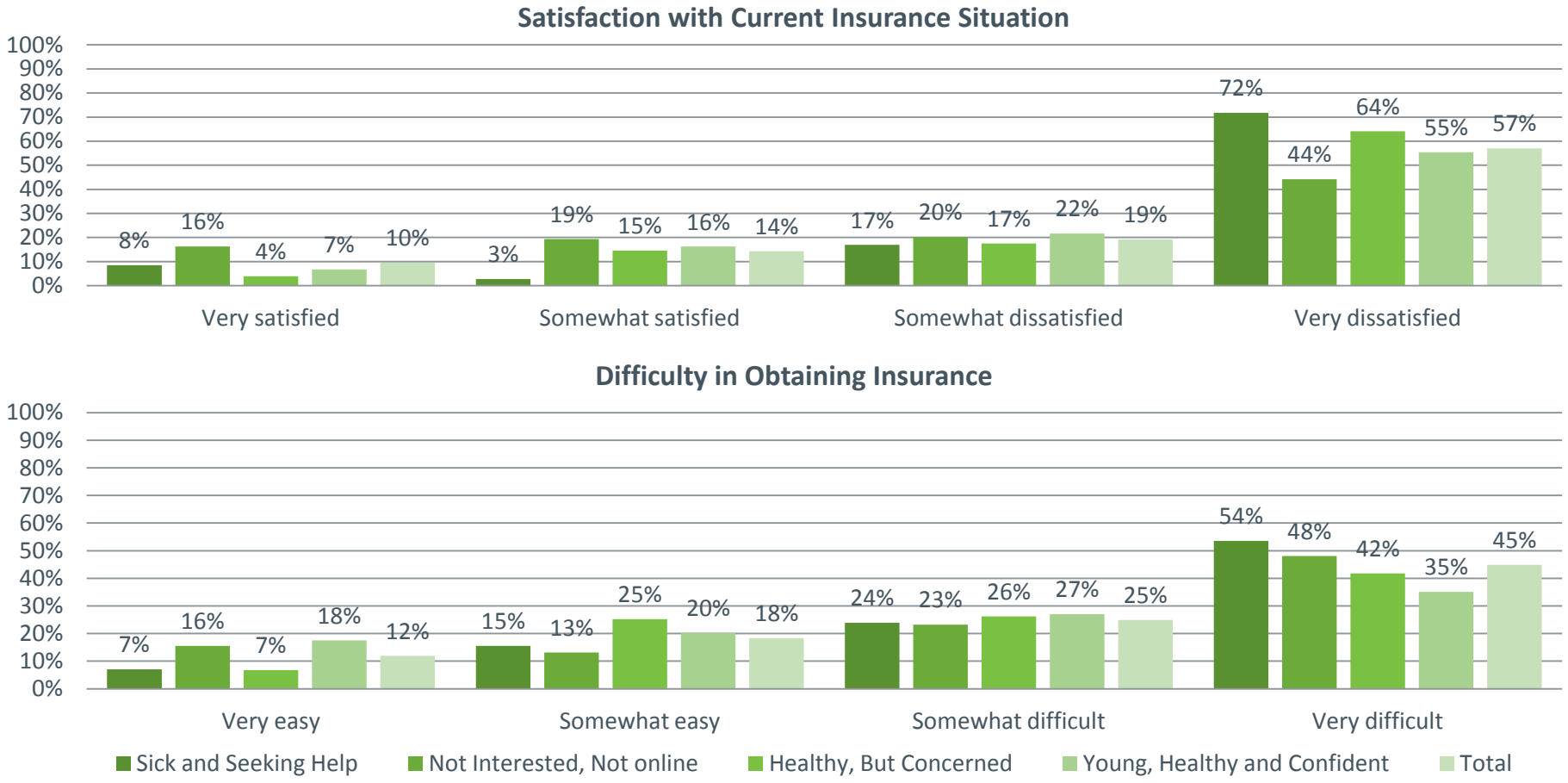
Audience Segments

As expected, the younger segments tend to very their health status positively among peers. All segments overestimate their uninsured peer population.



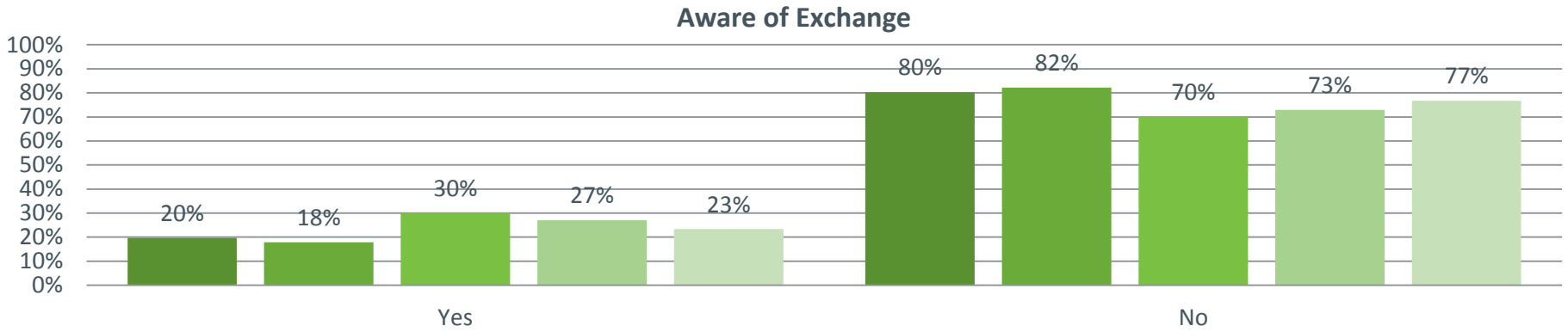
Audience Segments

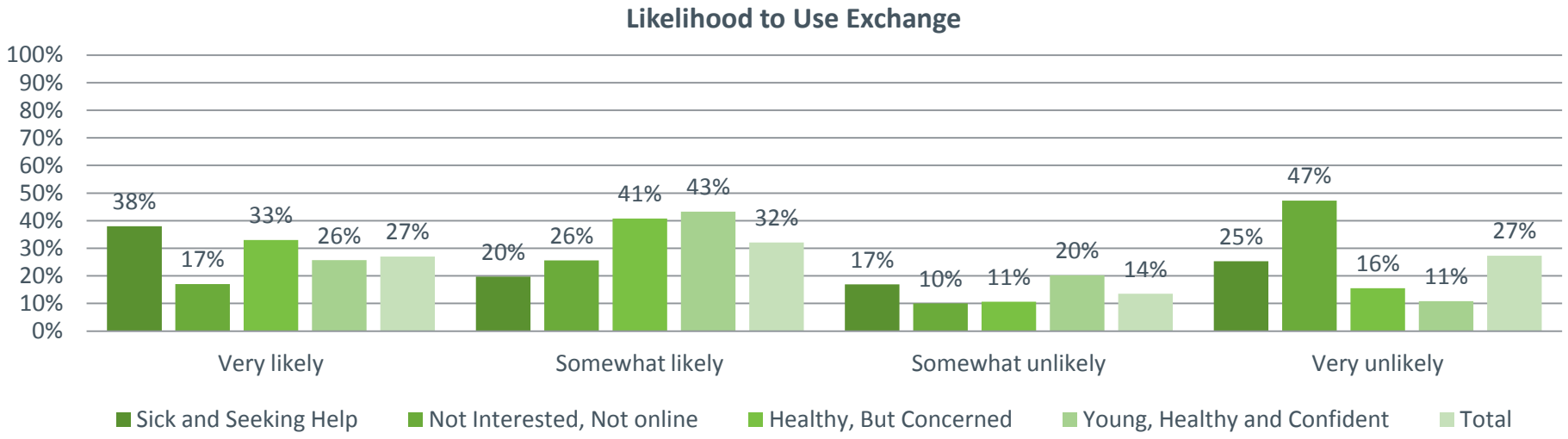
The Sick and Seeking Help are the most dissatisfied with their current situation. Regardless of satisfaction, though, all segments see obtaining insurance as an arduous process.



Audience Segments

Awareness of the exchange is low across all segments. The Sick and Seeking Help are the most likely to use the exchange, while young people and the uninterested will be the hardest to convince.





Audience Segments

Detailed Profile

	SSH	NIO	HBC	YHC	Total
18 to 25	--	2%	--	4%	1%
26 to 34	10%	11%	32%	26%	19%
45 to 54	41%	38%	30%	41%	37%
55 to 65	35%	38%	20%	14%	28%
Twin City	46%	33%	34%	43%	38%
Rest of Minnesota	54%	67%	66%	57%	62%
Male	42%	51%	36%	47%	45%
Female	58%	49%	64%	53%	55%
High school graduate	28%	36%	19%	19%	27%
College graduate	25%	16%	34%	39%	27%
African American, Black	8%	5%	4%	3%	5%
White, Caucasian	77%	82%	86%	91%	84%
Hispanic, Latino, Mexican	7%	2%	3%	4%	4%
Up to $15,000	17%	22%	10%	11%	15%
$15,000 up to $25,000	20%	22%	17%	18%	19%
$25,000 up to $35,000	18%	15%	22%	15%	18%
$35,000 up to $50,000	18%	16%	34%	23%	23%
Employed full-time	32%	35%	39%	41%	37%
Employed part-time	20%	23%	33%	26%	26%
Retired	3%	9%	3%	3%	5%
Married	56%	41%	58%	50%	50%
Never married/single	24%	37%	31%	27%	31%
Dependent Children	32%	21%	50%	39%	34%

	SSH	NIO	HBC	YHC	Total
Considered Health Insurance	54%	47%	66%	57%	55%
Shopped Online for Health Insurance	23%	11%	36%	20%	22%
Access Internet Daily or Almost Daily	73%	10%	86%	100%	60%
Have Chronic Health Conditions	99%	23%	--	--	27%
Less than 6 months without insurance	28%	12%	21%	18%	19%
6 months to less than one year	4%	6%	16%	9%	9%
One year to less than two years	18%	8%	19%	22%	16%
More than two years	44%	62%	37%	46%	49%
Never had health insurance	6%	12%	7%	5%	8%
Is a necessity, something I would never give up	69%	30%	65%	--	41%
Is very important, but not a necessity	23%	43%	--	100%	39%
Is good to have, but not all that important	8%	--	35%	--	11%
Has little or no value to me	--	26%	--	--	9%

SSH (Sick and Seeking Help), NIO (Not Interested, Not Online), HBC (Healthy, But Concerned), YHC (Young, Healthy and Confident)

Non-Group Age Differences

Perceptions

	25-34	35-54	55-64
How Difficult to Obtain			
Difficult	46%	63%	70%
Reasons why			
Prices too high	27%	40%	39%
I've been turned down due to a pre-existing condition	4%	10%	20%
It's very confusing	2%	11%	8%
Importance of Insurance			
Is a necessity, something I would never give up	69%	74%	85%
Interest			
CORE	42%	35%	34%
ANTI	15%	19%	24%
Desired Features			
Provides experts to help	37%	46%	53%
A toll-free number	35%	50%	55%
Search tax credits and government assistance	40%	48%	59%
Preferred Call Center Hours			
Monday to Friday morning, between 5 am and 9 am	8%	7%	14%
Monday to Friday evening, between 5 pm and 9 pm	44%	38%	26%

Non-Group Base size: 25-34=52; 35-54=175; 55-64=195

Uninsured Age Differences

Profiles

	25-34	35-54	55-64
Time Uninsured			
Less than 6 months	24%	21%	10%
6 months to less than one year	14%	9%	5%
Internet Use			
Daily or almost daily	79%	61%	45%
To search for information about health and wellness	62%	51%	48%
To manage credit cards, banking, or saving accounts	69%	56%	45%
To connect with people on social networking	74%	52%	37%
LinkedIn	12%	27%	34%
Pinterest	22%	9%	16%
At work	35%	22%	17%
On a mobile device	59%	21%	15%
A smart cell phone, like an iPhone or Blackberry	55%	23%	12%
Demographic			
College graduate	24%	31%	22%
Never married/single	44%	30%	24%
Dependents	58%	40%	8%
Employed full-time	50%	38%	25%
Retired	- -	2%	14%

Uninsured Base size: 25-34=78; 35-54=194; 55-64=105

Non-Group Age Differences

Profiles

	25-34	35-54	55-64
Internet Use			
Daily or almost daily	83%	81%	68%
To search for information about health and wellness	78%	66%	62%
To manage credit cards, banking, or saving accounts	65%	65%	55%
To connect with people on social networking sites	73%	63%	47%
LinkedIn	27%	34%	21%
Pinterest	35%	18%	14%
At work	53%	46%	26%
On a mobile device	45%	33%	20%
A smart cell phone, like an iPhone or Blackberry	49%	30%	12%
Demographic			
College graduate	42%	46%	24%
Never married/single	33%	14%	12%
Dependents	73%	53%	6%
Employed full-time	56%	51%	24%
Retired	2%	4%	35%

Non-Group Base size: 25-34=52; 35-54=175; 55-64=195

Uninsured Age Differences

Perceptions

	25-34	35-54	55-64
Actions Taken			
Seen any advertising for health insurance	74%	72%	89%
Inquired about Medicaid	58%	39%	43%
Contacted an insurance company	33%	34%	44%
Contacted an insurance broker	24%	25%	35%
How Difficult to Obtain			
Difficult	68%	70%	70%
Reasons why			
Prices too high	56%	49%	61%
Difficult to compare benefits across plans	13%	5%	7%
It's very confusing	14%	6%	5%
Interest			
CORE	26%	29%	25%
ANTI	17%	26%	38%
Desired Features			
Compare health insurance plans	46%	58%	43%
Online premium calculator	42%	47%	32%
Preferred Call Center Hours			
Monday to Friday morning, between 5 am and 9 am	5%	7%	15%
Monday to Friday evening, between 5 pm and 9 pm	36%	37%	18%

Uninsured Base size: 25-34=78; 35-54=194; 55-64=105

Uninsured, but Medicaid Qualified

The main barriers for the Uninsured who qualify for Medicaid are lack of information and cost. Acquiring insurance is difficult for them, but they are not proactive. Removing barriers to knowledge and education will be key.

- While a fair share (29%) of respondents have been without insurance for more than 2 years, nearly half lost coverage less than a year ago (45%).
- Three quarters (77%) of respondents remember seeing advertising for health care, but few attempted to acquire insurance or seek information. Ironically, half of respondents inquired about Medicaid (52%).
- Three out of four (74%) respondents are dissatisfied with the current lack of insurance, and a large majority (84%) think acquiring insurance is difficult.
- Eighty percent think health insurance is important, but nearly half (42%) believe the majority of their peers go without it.
- Over half (61%) would be interested in the exchange website, with plan comparison (61%) and tax assistance (55%) as the most important features. These features also reflect the top reasons respondents find the process difficult (high prices and difficult comparison).
- Over half (58%) cite affordability as they're main barrier to coverage.
- Less than a quarter (23%) have chronic conditions requiring coverage.
- Few (10%) feel positive about the future of health care.

Uninsured, but Medicaid Qualified based on children and income=31

Twin Cities vs Rest of State

In many ways, residents of the Twin Cities are very much in-line with the Rest of the State. They each rate features in the same order of importance (to varying degrees). There seems to be more skepticism outside of the Twin Cities, however.

	Twin Cities	Rest of State
During the time you have been uninsured, have you ...		
Considered buying health insurance	51%	58%
Inquired about Medicaid	40%	46%
Contacted an insurance company	28%	41%
Contacted an insurance broker	23%	31%
Awareness		
Heard about website that will allows comparison	32%	23%
Interest		
CORE Users	36%	29%
ANTI Users	20%	27%
Governance		
State agency	21%	15%
Non-profit	37%	43%
Online Activities		
To search for information about health and wellness	64%	58%
To manage health insurance	27%	18%

Base sizes: Twin Cities=294;Rest of State=503

Key product features

Participants liked a lot of the features that an exchange might have, but just a a few were very important. Cost, doctor networks, and coverage were deal breakers.

More Important ← Less Important

DEAL BREAKERS

- Compare co-pays and other charges
- See which doctors and hospitals are in each plan's network
- Compare what is covered by different health plans

MUST HAVES

- Compare premiums
- Sort health plans by cost and coverage.
- Compare health insurance plans based on your personal situation and likely needs
- Pay your premium by credit or debit card
- Progress bar that shows you where you are in the enrollment process
- Useful information about health insurance
- Information about the value and quality of the plans available

NICE TO HAVES

- Web tool that would tell you your likely costs up front – before you apply or register for anything
- Section that explains how health insurance works and how to compare one health plan to another
- Buy health insurance as an entire household, a family, part of a family or just as an individual
- Tool that finds all the payment assistance and tax credits you qualify for and then uses them to instantly reduce your health insurance premium
- Apply for public health insurance programs, such as Medicaid
- Pay your premium with a bank transfer
- Pay your premium by check
- Ranking system for health insurance coverage, splitting all the plans into four levels from highest to lowest.
- Instantly enroll in a health insurance plan without leaving the website

LESS IMPORTANT

- Place to pay your health insurance premium online, through the website, so you do not pay the insurance company directly
- Use whatever tax credits you can to reduce you premium up front, so rather than being reimbursed as part of the tax process you pay a lower premium all year long
- How possible plans compare to the choice others made (e.g. 70% of people like you picked Plan A)
- Limiting the health insurance plans available on the website only to those that meet some minimal standard of coverage
- Get your premium reduced using the advance premium tax credit
- Pay your premium with cash

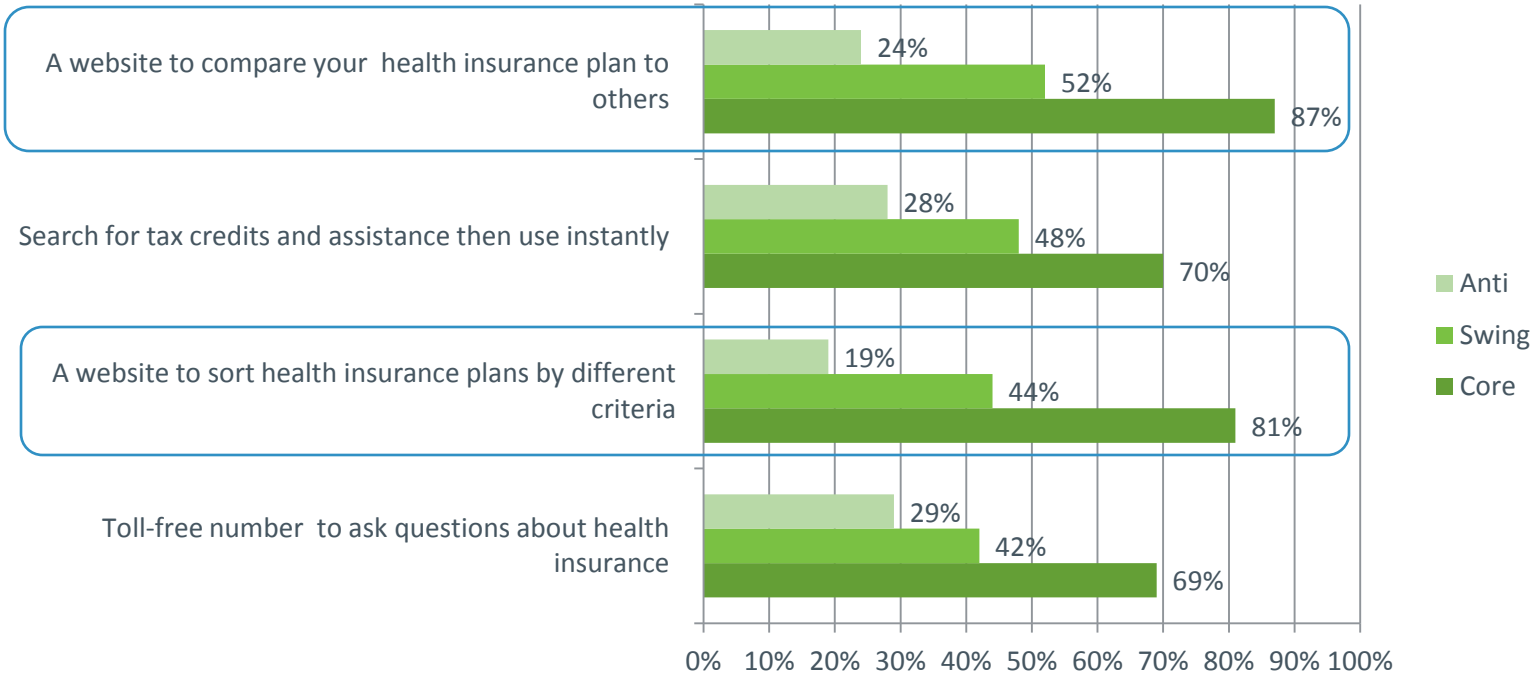
Comparison =

Information =

Functionality =

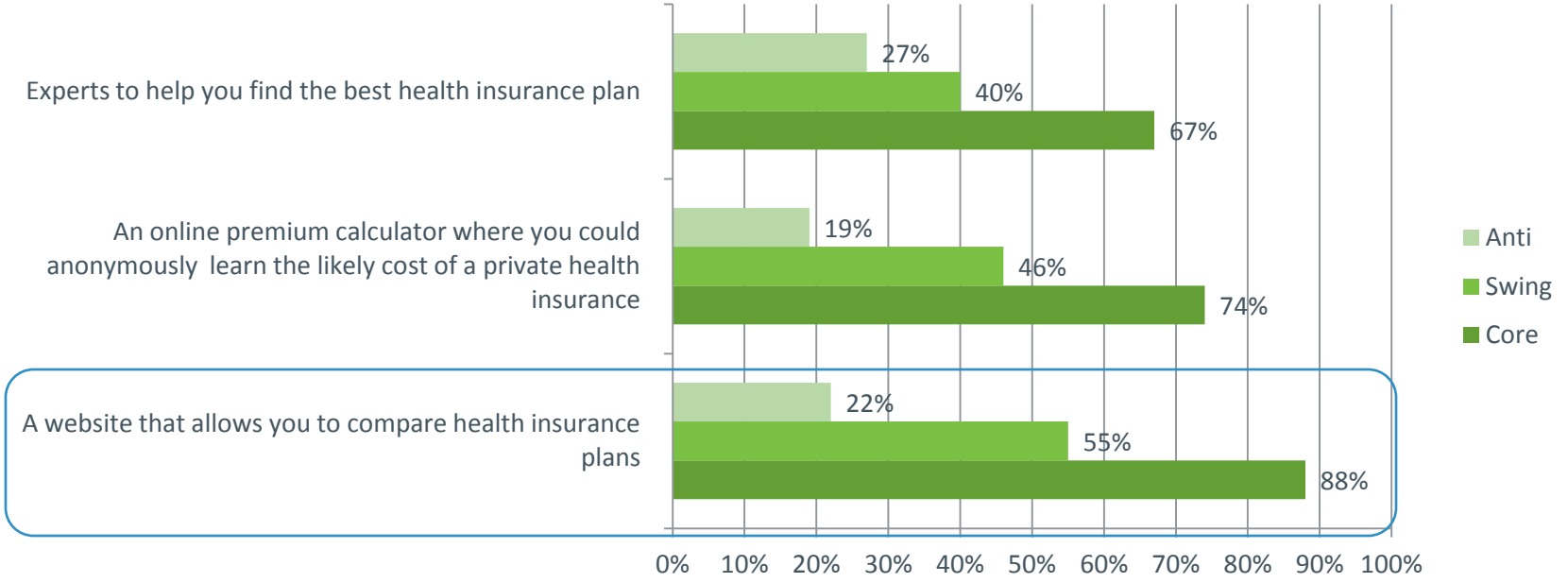
Appeal of features by segment

A key feature for the core audience segment is being able to compare their current plan to others on the market. Additionally, they're looking for easier ways to organize and examine their options.



Appeal of features by segment

Easily the most popular feature is the ability to compare easily between plans. The swing segment also has some interest in cost saving and analysis tools, like an online premium calculator.



Another key feature: Service

Customer service will be critical. Health insurance is seen as overwhelmingly complex and intensely personal, with high financial stakes. Participants wanted the option of talking to a human being before making this important and costly decision.

Nearly all of the participants doubted the exchange would be easy to navigate on their own, and although many liked the ability to be able to research plans online, **most participants wanted to be able to be able to talk to someone in person or by phone who could answer individual questions**. However this desire for service was tempered by an understanding of the costs involved. Participants generally did not see the need for 24/7 telephone service, although many expressed a desire for call-center hours that extended beyond the regular business day to include after-dinner hours when many entrepreneurs and others put in extra work time.

"I'd like to sit one-on-one and make sure I didn't miss anything and have answered everything correctly." — Uninsured resident, Duluth

"I would research insurance on the Internet, but I don't think I'd feel comfortable buying it on the Internet. There's something to be said for meeting face-to-face and knowing that someone is accountable for your plan." — Small business owner, Bemidji

"Face-to-face and personal contact is most helpful." — Small business owner, Twin Cities

"It's a big expense, the premiums are high. You want to speak with someone you know you trust." — Small business owner, Duluth

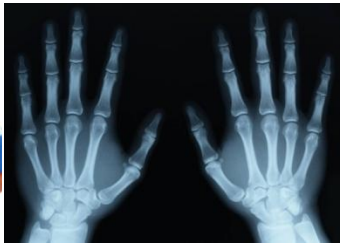
Final key feature: Quality

At its core, health insurance is a financial services product. As such, most participants largely associate quality with out-of-pocket expenses. Opportunity cost is also related, connecting services covered and plan acceptance with quality.

Cited more as Quality Measure

Cited Less

- co-pay costs
- hospitals in network
- diagnostic service costs
- maximum amount covered
- deductible
- services covered
- preferred doctor in plan
- best doctors for the lowest cost
- mental health coverage
- state quality rating of doctors in plan
- pre-existing conditions coverage
- chronic disease management
- prescription drug coverage
- wait time for procedures
- hospital stay costs
- preventative care coverage
- out-of-network costs
- customer service
- efficiency of claims process
- if referrals required
- reputation
- customer reviews of plans



"Hard to know until you actually have it. When you get the bill and find out how much." — Non-group policyholder, Rochester

"Customer service is very important." — Small business owner, Bemidji

"They should have benefits for staying healthy. That would make people change." — Small business owner, St. Cloud

"Does it offer a fair deductible based on the premium?" — Non-group policyholder, St. Cloud

"An 'open plan,' meaning employees can "go anywhere" and choose their own doctor." — Small business owner, Twin Cities

Recommendations

Outreach efforts and communications for the exchange should…

- **Do some outreach NOW.** Goodwill exists if people are brought into process, experts say.
- **Acknowledge the arduous experience** consumers and small businesses go through when seeking insurance to establish empathy.
- **Frame the exchange as a tool that can help bridge a gap for everyone**, but do so in a way that doesn't "over-sell" the benefits and set unrealistic expectations.
- **Recognize the path to being insured is a journey for most people**, so materials should be tailored to address barriers at each stage of the journey.
- **Deal with the issue of cost and trust early in the process**. Consumers are adept at quickly discerning whether something is trustworthy and within their means; if that's not quickly established, we'll lose them. Related, generic terms such as 'affordable' and 'low-cost' are less effective than specific figures.
- **Engage brokers as intermediaries**, as small businesses still want their expertise and advice.
- **Emphasize** two broad aspects of the exchange concept: **personalized (or "right") choices** for consumers and **competition among carriers** (which consumers see as potentially lowering costs).
- Plan to incorporate some variation of **'Marketplace' and/or 'Choices' language** in the exchange name.

2.3 Outreach and Education Plan

Summary

A Health Insurance Exchange is a marketplace for individuals and business to compare, choose, and purchase health insurance at a fair price. An Exchange can make health care easier to navigate for consumers and small businesses. It can allow Minnesotans to easily compare health insurance options based on cost, quality, and consumer satisfaction. It can also foster fair and equitable competition to encourage insurers and health care providers to place a great focus on value, quality, and affordability.

An Exchange can help small businesses provide affordable coverage choices to their workers and allow employees to choose the plan that is best for them and their families. Subsidies and tax credits will be available to eligible individuals and small businesses to make coverage more affordable. Minnesotans can purchase private health insurance or enroll in public programs like Medical Assistance through the Exchange.

Projections indicate that the Minnesota Health Insurance Exchange (MNHIX) will service approximately 1.2 million consumers. A robust outreach, education and communications plan will be critical to reaching all audience segments. While the ultimate goal of a comprehensive campaign plan is to drive every potential user towards enrollment in the Exchange, the immediate objective is to introduce MNHIX to the Minnesota population and begin a dialog on how it can benefit their lives.

The plan must lay the groundwork for effective outreach and communications by assembling the communication and marketing pieces that will be the foundation, and base the platform on solid market research and data collection to capture audience mindsets and influence how messages are received. Overall, we aim to develop a proactive consumer outreach initiative that communicates the value of the Exchange and provides the necessary information to assist the consumer with making informed decisions about health insurance and the Exchange.

Overview of Federal Requirements/Guidance

Section 1311 (d) (6) of the ACA requires that all health insurance exchanges consult with certain groups of stakeholders as they establish their programs and throughout ongoing operations. The key stakeholders outlined are:

a. Educated health care consumers who are enrollees in QHPs, including individuals with disabilities;
b. Individuals and entities with experience in facilitating enrollment in health coverage;
c. Advocates for enrolling hard-to reach populations including individuals with a mental health or substance abuse disorder; individuals with disabilities; and those who need culturally and linguistically appropriate services;
d. Small businesses and self-employed individuals;

The Department of Health and Human Services (HHS) further outlined additional groups for inclusion under proposed rule (155.130):

e. State Medicaid and CHIP agencies and consumers who are Medicaid or CHIP beneficiaries;
f. Federally-recognized tribe(s) located within the Exchange's geographic area;
g. Public health experts;
h. Health care providers;

i. Large employers;
j. Health insurance issuers; and
k. Agents and brokers

HHS, through its Office of Consumer Information and Insurance Oversight (CCIIO), provided further guidance on expected milestones for the core area of outreach and education in the publication released January 1, 2011, *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*. The document stated that Exchanges should:

1. Perform market analysis/environmental scan to assess outreach/education needs to determine geographic and demographic-based target areas and vulnerable populations for outreach efforts.
2. Develop outreach and education plan to include key milestones and contracting strategy.
3. Distribute outreach and education plan to stakeholders and HHS for input and refinement.
4. Develop a "toolkit" for outreach to include educational materials and information.
5. Develop performance metrics and evaluation plan.
6. Design a media strategy and other information dissemination tools.
7. Submit a final outreach and education plan to HHS.
8. Focus test materials with key stakeholders and consumers, and make refinements based on input.
9. Launch outreach and education strategy and continue to refine messaging based on response and feedback from consumers.

Outreach, Communications and Marketing Approach

To achieve optimum results for the outreach and education plan, eight crucial steps will be followed: laying the foundation, determine resource needs, creative development, concept testing, campaign launch, performance measurement, results analytics and approach modification. Each step has a specific set of actions and deliverables. It is important to note that one area feeds into the next and, at times, will overlap; none are exclusive, rather they are collective, and the intent is to allow for efforts in each to evolve and adapt over time.

1. LAYING THE FOUNDATION

The essential building blocks for a successful outreach and education plan included:

A. Gathering **background information** from other state exchanges and **establishing collaborative relationships**

- In January and February, had in-depth conversations with Utah, Oregon, Maryland and Massachusetts.
- From those conversations arose the desire to share information on a regular basis. A monthly call for state communicators was formulated and coordinated by GMMB. In addition to Minnesota, representatives from Utah, Oregon, Maryland, Colorado, Washington, Rhode Island and New York participate on a regular basis.

B. Creating a **marketing plan for 2013**

- Document is attached as a supporting example.

C. Developing a **work plan**

- Document is attached as a supporting example.

D. Performing a **risk assessment**

- A risk assessment was performed in early May to identify potential problems before they occur so proper planning and step can be taken to mitigate adverse impacts on achieving objectives. The assessment for outreach and education was incorporated into the project management plan.

E. Conducting **market research**

- The public education and outreach market research was conducted by Salter Mitchell in three phases: key informant interviews, qualitative focus groups and quantitative surveys. In Phase One, Salter Mitchell performed in-depth individual interviews with key informants in business, health care, community outreach and insurance. For the second phase, qualitative research, 18 focus groups were conducted amongst both business and consumer audiences in all six geographic districts of the state. Audience segments targeted to participate in the focus groups included the uninsured, non-group purchasers, Hispanic, Medicaid enrollee and small business owners. In Phase Three, 797 consumers and 250 business owners were surveyed by phone.

2. DETERMINE RESOURCE NEEDS

Plot out and budget for the supporting infrastructure necessary to achieve outreach and education goals and objectives.

- Assemble the team. Determine the roles needed for outreach, communication and marketing functions.
- Factor in essential tools such as software programs and services (creative, email, online/digital, etc).
- Strategize for organizational memberships and professional training.

3. CREATIVE DEVELOPMENT

Leverage the foundation to develop the core elements of the communication/marketing platform:

A. Public relations and social media strategic plan

- Minnesota identified the need of expert industry assistance for public relations and social media planning to inform public outreach and education components of an Exchange. Himle Rapp, the selected vendor, began the project work on October 29. Along with a comprehensive, 6-month public communications and social media plan, the contractor will identify a circles of influence, develop key messaging and deliver written drafts of news releases, PSAs, and op-eds. The project duration is 6 weeks.
- The contract with Himle Rapp is attached as a supporting document.

B. Branding

- Minnesota intends to contract with a branding firm to perform a branding assessment that will successfully connect with Minnesotans and sell the services of the Exchange. The selected vendor will help to solidify an identity for the Exchange, and reaffirm our positioning strategy and key messages,

along with creating a visual representation of the brand. Evaluation of proposals is underway and we anticipate having a contractor in place by mid-November for the estimated 8-week process.

C. Marketing materials

- Some initial material have already been created, e.g. materials for the Minnesota State Fair and Farm Fest exhibits. The bulk of the materials will be created in conjunction with the provider that is selected to develop a comprehensive campaign for 2013. Until then, materials will be created on an as-needed basis.

4. Concept Testing

Present creative, messaging and delivery concepts to target audience samples to obtain feedback and verify direction.

- Expected Deliverable: detailed report of findings along with recommendations for adjustments.

5. Campaign Launch

Develop integrated marketing campaign to launch the Exchange into the marketplace.

- Expected Deliverable: vendor will create a comprehensive, multi-channel, outreach and education campaign to reach all targeted audience segments.

6. Measure Performance

Establish measurement metrics to determine campaign's impact.

- Expected Deliverable: detailed measurement plans and tracking dashboards.

7. Analyze Results

Closely monitor campaign performance across all channels (enrollment numbers, web visits/clicks, event attendance, PR exposure, social media interaction, etc.)

8. Adjust Approach

Outreach, Communications and Marketing Work Group

In March 2012, the Exchange convened the Outreach, Communications and Marketing Work Group as one of ten work groups that provides information to the Advisory Task Force. This workgroup is composed of 27 members including consumer, employer, health insurer, and provider representatives, as well as market experts, and state agency staff. The purpose of the workgroup is to provide technical assistance and information on the options related to outreach, marketing, and communication for a Minnesota Health Insurance a Minnesota Health Insurance Exchange. The Advisory Task Force will use this information to inform their recommendations to the Governor.

The Work Group has been tasked with providing the Advisory Task Force with information about the following issues:

- What are the audiences for the Exchange?

- What are the barriers to reaching the target audience? How can we overcome them?
- What are the best channels/methods to reach the audience segments?
- What groups or partners should we seek out to help spread the word on the Exchange?
- What messages and visuals will have the most impact on the audience to entice them to purchase health insurance from the Exchange?
- How do we best present information to drive traffic to the Exchange?
- How do we measure the effectiveness of our outreach efforts?

Members of the Outreach, Communications and Marketing Work Group are:

- Sue Abderholden, Minnesota Alliance on Mental Illness (co-lead)
- Mary Sienko, Minnesota Health Insurance Exchange (co-lead)
- Carley Barber, Minnesota Health Insurance Exchange
- Andy Cook, Regions Hospital Foundation
- Angela Dahl, National Marrow Donor Program
- Pamela Daniels, Department of Human Services
- Kathleen Davis, Legal Aid Society of Minnesota
- Mitchell Davis, Jr., Minneapolis Urban League
- Lauren Gilchrist, Health Reform Minnesota
- Kerri Gordon, Allina Hospitals & Clinics
- Sammy Gueringer, Ear, Nose and Throat Clinic and Hearing Center
- Annie Halland, Minnesota Public Health Association
- Jessica Hayssen, Minnesota AFL-CIO
- Ben Hill, Department of Commerce
- Carol Hernandez, Mille Lacs Band of Ojibwe
- Al Kruse
- Liz Kuoppala, Minnesota Coalition for the Homeless
- Shawn Leighton, Best Buy
- Matt Malloy, Blue Cross Blue Shield
- Patrick O'Leary, Citizen's League
- Joe Pederson, Lakes and Prairies Community Action Partnership
- Benjamin Schierer, Communicating for America
- Akhmiri Sekhr-Ra, Cultural Wellness Center
- Scott Smith, Minnesota Department of Health
- Peter Sorensen, Sorenson Flexible Benefits
- Donna Zimmerman, HealthPartners

Work Group members were selected via an open application process and will serve through the end of 2013.

Below is a summary of completed and upcoming Work Group meetings and agenda topics. Meeting materials and references can be found online.

Date	Agenda Topics
March 7, 2012	▪ Introduction of members and audience

Date	Agenda Topics
	▪ Overview of the Exchange ▪ Overview of the Outreach, Communications and Marketing Work Group ▪ Initial discussion of target audience for the Exchange ▪ Public Comment
April 10, 2012	▪ Discuss and refine market research questions ▪ Continue discussion to define audience segments ▪ Review input from Advisory Task Force ▪ Public Comment
May 4 , 2012	▪ Presentation from Peter Mitchell of Salter Mitchell on scope of market research project ▪ Further discussion on audience segments ▪ Public Comment
June 5, 2012	▪ Overview of MA Health Connector campaign ▪ Presentation by David Godfrey, MDH on Medical Assistance landscape ▪ Initial discussion of outreach efforts ▪ Work plan check-in ▪ Public Comment
July 10, 2012	▪ Presentation of preliminary Market Research results by Salter Mitchell ▪ Presentation of Enroll UX 2014 project by Pete Frank ▪ Discussion of guiding principles ▪ Distribution of demographic research for audience segments ▪ Public Comment
August, 2012	Audience Segment Team Meetings ▪ Drill down to barriers and benefits
September 11, 2012	▪ Discussion and approval of guiding principles ▪ Audience Segment Team reports ▪ State Fair report ▪ Update on outreach, education, branding efforts by other states ▪ HIX update – IT build, work groups, blueprint certification application ▪ Public Comment
October 16, 2012	▪ HIX updates - $42.5 million grant, move to MMB, work groups, blueprint certification ▪ Review public education/outreach websites from other states – OR, MD, CO ▪ Discuss content for a Minnesota public education website ▪ Discuss outreach channels ▪ Work plan review ▪ Public Comment
November 19, 2012	▪ Possible branding exercise ▪ Discussion of marketing dollars allocation ▪ Public Comment
December 11, 2012	▪ Review and discuss public relations and social media strategic plan ▪ Discuss Exchange messaging in light of market research and public relations work

Date	Agenda Topics
	▪ Discuss performance measures and evaluation ▪ Work plan check-in ▪ Public Comment
Future	▪ Review and discuss branding assessment ▪ Discuss corporate partnership opportunities and member connections ▪ Review outreach community events. Prioritize and approve calendar. ▪ Review and discuss marketing campaign plan ▪ Review marketing materials ▪ Review advertising plan

The Outreach, Communications and Marketing Work Group continues monthly, public meetings to review and discuss ongoing issues related to outreach and education for the Exchange.

Outreach, Communications and Marketing Guiding Principles

The Outreach, Communications and Marketing Work Group discussed and adopted the following principles to help guide the work of the group and the Exchange in the areas of outreach and education.

- **Bring Everyone Along**: although not everyone in the State is immediately affected by the launch of the exchange, every opinion matters. The campaign's core efforts will focus on enrollment of the key target audiences while opinion leaders, elected officials, media and the general public must also be educated. All information should be fact based and objective.

- **Pinpoint the Minnesota Audience and Find the Pulse**: only by delving deep to discern the personality – values, attitudes, interests – of the target audience, will it be possible to create effective messaging that engages and motivates. Clearly define audience segments; identify both the barriers to reaching them and the barriers that preclude their participation; and craft messaging that offers solutions in synch with the audience personality.

- **Include Targeted Outreach to Hard-to-Insure Populations**: a central goal of health reform and the Exchange is to maximize access to health care and reducing the uninsured rate in Minnesota. The Outreach approach should include strategies to reach the "newly covered" and "covered-but-not-enrolled" populations, engage organizations with culturally-specific expertise, and build partnerships with community organizations that have strong existing relationships with target groups.

- **Segment Audiences and Customize Communications**: develop actionable marketing, communications and outreach tactics based on research and evidence of how different populations can best be reached and encouraged to enroll and retain coverage; ensure materials are cultural and linguistically appropriate, understandable, and in plain language.

- **Leverage the Power of Partnerships**: maximize education and enrollment by leveraging existing resources, networks and trusted channels, and identify new opportunities for collaboration and partnerships with common visions and missions to best reach the target audience.

- **Evaluate and Adjust Campaign Strategies**: monitor and modify, at least biannually, based on feedback from stakeholders, partners, on-going research, program metrics and national indicators.

- **Collaborate to Ensure Delivery of Consumer Experience**: interface with other Exchange Technical Work Groups to develop and provide a seamless consumer experience.

Target Audience Profiles

The Outreach, Communications and Marketing Work Group devoted many hours of discussion, and a number of meetings, to developing target audience profiles. Their extensive work, along with supporting data from the market research performed by Salter Mitchell, will be compiled into a report that will be presented to the Advisory Task Force at their December 6, 2012 meeting. While the report is still in development, the following information is a preliminary illustration of the presentation.

The Outreach, Communications and Marketing Work Group has identified the target audience into three main segments: Medicaid/Medical Assistance Enrollee, Small Employers and Individuals. The Individual audience segment contains multiple subsets.

MEDICAID/MEDICAL ASSISTANCE ENROLLEE

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into three main groupings:

1. Those already on Medicaid, Minnesota Care, or other public assistance program
2. Those newly eligible for Medicaid
3. Those eligible but not on Medicaid

For those already receiving care through public assistance programs, the main goal will be to ensure every person clearly understands what and how this new system, the Exchange, will provide for them. It will be logical to work closely with agencies and organizations that currently facilitate for this population to deliver a smooth, seamless transition.

The newly eligible for Medicaid consumer will need a slightly different approach. Although they, too, will need a thorough explanation of the Exchange, they may not be familiar with public assistance programs and may need additional information or more assistance navigating the eligibility and enrollment process.

The hardest nut to crack, so to speak, will be those who are eligible for Medicaid but choose not to enroll. Due to lack of coverage, these individuals likely either go without health care or utilize hospital emergency rooms, community health centers, migrant clinics and similar non-primary care, non-coordinated services. This unifying characteristic may provide the means to identifying the proper channel(s) for outreach, communications, and enrollment. This group intersects with the Uninsured grouping within the Individual Audience Segment.

AUDIENCE CHARACTERISTICS

CURRENT MEDICAID/MEDICAL ASSISTANCE ENROLLEE

- Feel disrespected; seeking common courtesy and respect
- Dislike in-person application process
- Prefer help from real people

NEW TO MEDICAID

- Resistance; don't want to be there
- Wanting to do online
- May need a lot of assistance/information

BARRIERS TO ENROLLMENT

FOR THE ENROLLEE

- Language
- To work yet keep benefits
- Not working but need cash
- Renewal
- Lack of privacy in rural areas
- Perception of low quality care providers to Medicaid
- Political opposition
- Lack of trust/welcome
- May not want to participate
- Capture attention
- Time consuming to gather documentation
- Transience of population makes accessibility difficult

WITHIN DISTRIBUTION CHANNELS

- Lack of staff
- Lack of knowledge/training to identify enrollee
- Communication not always coordinated between areas of agency/organization
- Proper documentation not completed or filed
- Program administrators must have direct communication w enrollees (fed regulations)
- May not be first priority – best to work from top down
- Volume of info, finding best avenue for the institution
- Identifying appropriate messenger/champion

CURRENT DEMOGRAPHICS

[Total Minnesota population: 5.3 million]

Program Breakout (Total enrollees: 700,000)			
Medical Assistance	9.7%	GAMC	0.7%
Minnesota Care	2.6%	TriCare	1.1%

Enrollees			**Enrollees**		
Children	350,100	50%	Individual – married	138,000	6.0%
Adults	350,300	50%	Individual – not married	400,000	15.7%
At Least 1 Full Time Worker	375,000	54%	Family – married	376,000	10.4%
Part Time Workers	155,600	22%	Family – not married	347,000	22.1%

Non Workers	169,800	24%	Health Status – good/ very good/excellent	601,000	12.7%
Female	365,600	52%			
Male	334,700	48%	Health Status – fair/ poor	122,000	27.6%
White	460,700	66%			
Black	108,500	15%			
Hispanic	54,600	8%			
Other	76,500	11%			

Coverage Rates					
At Least 1 Full Time Worker	375,000	10%	Female	400,000	15.2%
Part Time Workers	155,600	32%	Male	323,000	12.7%
Non Workers	169,800	50%	White	437,000	9.9%
Under 100% FPL	308,600	48%	Black	124,000	55.9%
Under 139% FPL	408,100	46%	Hispanic	61,000	26.3%
139-250% FPL	177,500	22%	Asian	64,000	31.4%
251-399% FPL	68,100	7%	Other	38,000	35.8%
400%+ FPL	46,600	3%			

OUTREACH CHANNELS

Channel	Geographic Area
DHS – Medical Assistance	statewide
DHS – MinnesotaCare	statewide
DHS – Minnesota Family Planning Program	statewide
DHS – Home and community-based waiver programs	statewide
DHS – Minnesota Community Application Agent Program	statewide
MDH – State Health Care Homes	statewide
MDH – Office of Rural Health & Primary Care	statewide
MDH – Community & Family Health	statewide
MDH – Health Promotion & Chronic Disease Division	statewide
MDH – Office of Minority & Multicultural Health	statewide
MDH – Office of Statewide Health Improvement Initiatives	statewide
Association of MN Counties (AMC)	statewide
CAPI	statewide
Catholic Charities	statewide
Community Mental Health Center	Metro
Education MN	statewide
Federal Bar Association – MN Chapter	statewide

Health Care for Homeless	statewide
Indian Child Welfare Act (ICWA)	statewide
Legal Aid Society of Minnesota	statewide
Lutheran Social Services	statewide
Minnesota State Bar Association	statewide
MN Administrators for Special Education	statewide
MN Assn of Community Health Centers (MNACHC)	statewide
MN Assn of County Social Service Admin (MACSSA)	statewide
MN Association of Social Workers	statewide
MN Community Action Partnership (MNCAA)	statewide
MN Community Health Workers Alliance	statewide
MN Corrections Association (MCA)	statewide
MN Council of Nonprofits	statewide
MN Homeschooler's Alliance (MHA)	statewide
MN Hospital Association (MHA)	statewide
MN Medical Assn (MMA)	statewide
MN Medical Group Management Assn	statewide
MN Nurses Assn (MNA)	statewide
MN Social Service Assn (MSSA)	statewide
MN State Colleges and Universities (MNSCU)	statewide
NAMI – Minnesota Alliance on Mental Illness	statewide
Portico	statewide
U of M Medical School	statewide
U of M School of Public Health	statewide
U of M School of Social Work	statewide
United Way – 211 program	statewide
United Way – Linkage lines	statewide
William Mitchell correctional re-entry clinic	Metro
Minority organizations (listed within Individual segment)	

- Child support workers
- Child protection services
- Discharge worker
- Parole officer
- Private schools
- For-profit schools
- Homeless liaison
- School board
- Teachers
- Superintendants
- CAP agencies
- Migrant Health organizations
- Legal Services

SMALL BUSINESS EMPLOYER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Establishments who currently offer health insurance to employees
2. New purchasers

For employers who currently offer health insurance to their employees, the role of the agent/broker within the Exchange will be crucial. The market research by Salter Mitchell clearly showed that (1) the majority of employers offering health insurance rely on an agent/broker for assistance; (2) small employers value and trust their relationship with their agent/broker; and (3) the majority have held relationships with their agent/broker for 5 years or more.

Amongst new purchasers, the agent/broker connection may not be nearly as strong, or may even be non-existent. If the Exchange is able to relay the same level of service without the cost, that will be attractive to new purchasers, because the impact of health insurance on a small employer's bottom line is the most important factor.

AUDIENCE CHARACTERISTICS

ESTABLISHMENTS CURRENTLY OFFERING INSURANCE

- Dissatisfied with current insurance status
- Getting insurance isn't easy
- Strong trust in and loyalty to broker/agent
- Believe others like them are the same – either offer or don't offer insurance (norm affect)
- Frustrated with frequent premium increases
- Options are becoming more limited
- Plans are too complex
- Difficult to compare benefits/prices across plans
- Difficult to understand what is covered by the plans
- Open to the exchange concept
- Typically pay 18% more in health insurance costs than large companies

NEW PURCHASERS

- Open to the exchange concept
- Will need to be shown that they can afford it
- Will need a lot of assistance/information

BARRIERS TO ENROLLMENT

FOR THE SMALL EMPLOYER

- Cost – may not qualify for tax credit
- Cost perception – think it's more expensive than it is
- Language
- Political opposition
- Lack of trust of government
- Industry terminology
- Technology challenge – lack of knowledge of computers
- Internet access
- May have access to national group insurance (non-profit associations)
- Participation requirements
- Capture attention

WITHIN DISTRIBUTION CHANNELS

- Some channels/touchpoints have limited reach
- Some channels/touchpoints may not be receptive to the exchange
- May view as political issue and want to stay non-political
- May not see it as a business opportunity – compensation issue
- May already have direct connection to target audience/group

CURRENT LANDSCAPE

Firm/Establishment	
80%	Establishments with 2-50 employees[1]
4%	Establishments with 51-100 employees[1]
32.7%	Firms with fewer than 50 employees who offer insurance to their employees[2]
93.9%	Firms with 50 employees or more who offer health insurance to their employees[2]
Employee	
58.5%	Percent of employees in firms with 1-49 employees offering health insurance
73.4%	Percent of employees in firms with 1-49 employees eligible for health insurance
77.2%	Take-up rate by employees in firms with 1-49 employees
Coverage	
359,775	Individuals enrolled in small group health insurance
5.5%	Premium increase per member in 2010
$1,500	2009 median per person annual deductible
25.1%	$1000-$1999
36%	$2000 or more
$3,000	2009 median family annual deductible
25.1%	$2000-$3999
37%	$4000 or more
Health Plan Market Share (Volume: $1.49 billion)	
43.02%	Blue Cross Blue Shield
23.52%	Medica
24.53%	HealthPartners
5.15%	PreferredOne
3.35%	Federated Mutual
.19%	Principal Life
.13%	Time Insurance (formerly Fortis)
.11%	Others

OUTREACH CHANNELS

Channel	**Geographic Area**

DEED –Workforce Centers	Statewide
DEED – Dislocated Worker Program	Statewide
DEED – Office of Youth Development	Statewide
DEED – Small Business Assistance Office	Statewide
DEED – Business Development Specialists	Statewide
DEED – JOBZ Program	Statewide
Secretary of State – MN Business Portal (state licensing)	Statewide
MN Revenue – Business Taxes	Statewide
MN Dept of Labor & Industry – worker's compensation	Statewide
MN Dept of Labor & Industry – contractor registration	Statewide
American Indian Economic Development Fund (AIEDF)	Statewide
Capitol River Council	Metro
Dakota Futures, Inc.	Statewide
Hispanic Chamber of Commerce of MN	Statewide
Itasca Project	Statewide
Land Stewardship Project	Statewide
League of MN	Statewide
Life Science Alley	Statewide
LinkedMN and other LinkedIn groups	Statewide
Minneapolis Chamber of Commerce	Metro
Minneapolis Downtown Council	Metro
Minnesota Indian Business Alliance (MNIBA)	Statewide
Minnesota Indian Gaming Association	Statewide
MN American Indian Chamber of Commerce	Statewide
MN Assn of Health Underwriters (MAHU)	Statewide
MN Bankers Association	Statewide
MN Chamber of Commerce	Statewide
MN Council of Health Plans	Statewide
MN Farm Bureau	Statewide
MN Farmer's Union (MFU)	Statewide
MN Federation of Chambers	Statewide
MN High Tech Association (MHTA)	Statewide
MN Society of Enrolled Agents	Statewide
National Assn of Life Insurance Advisors	Statewide
National Assn of Women Business Owners – MN	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Native American Business Alliance (NABA)	Statewide
Native American Community Development Institute (NACDI)	Statewide
Natl Assn of Tax Preparers – MN Chapter	Statewide
Northwest Area Foundation	Statewide
Saint Paul Chamber of Commerce	Metro
SCORE Minnesota	Statewide

Small Business Association – Regional office	Statewide
The Initiative Foundation	Central
Trusted Choice	
Twin West Area Chamber of Commerce	Metro
White Earth Investment Initiative (WEII)	Statewide
Women's Business Development Center – MN (WBDC-MN)	Statewide
Non-Profits	
Association of Fundraising Professionals – MN Chapter (AFP)	Statewide
Community Health Charities – MN	Statewide
MAP for Non-Profits	Statewide
MN Council of Non-Profits	Statewide
MN Council on Foundations (MCF)	Statewide
Non-Profit Management Program – UST, Hamline	Metro
United Way Twin Cities	Metro

INDIVIDUAL CONSUMER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Current non-group/individual market insurance buyers
2. New purchasers

   Subgroups identified:

   - Uninsured
   - Self-employed
   - Part-time worker
   - Unemployed
   - Early retirees
   - Young adults
   - Underserved/Minorities
   - Aging out of foster care
   - Straight to work
   - Military families

According to market research by Salter Mitchell, (1) consumers from both main groupings feel the process of looking for and choosing health insurance is difficult; (2) costs and difficulties assessing coverage and benefit details were the primary hurdles and; (3) the main triggers that prompt a person to look into health insurance are changes health or employment status.

When it comes to the uninsured, the Salter Mitchell research found that, (1) 76% of the uninsured are dissatisfied with their current situation; (2) the uninsured are more likely to say that people like them do not have insurance, and; (3) 56% have considered buying insurance.

This gives us a framework to build outreach efforts around. If we segment the audience by openness to using the Exchange, we will have an actionable way to prioritize communications and outreach for "core" and "swing" users, those most likely to become customers of the Exchange.

AUDIENCE CHARACTERISTICS

OVERALL

- Value shoppers
- Perception that insurance is too costly
- Typically seek lower monthly premiums – fewer benefits and higher deductable
- Will need high level of guidance (new to market)

CURRENT MARKET PURCHASERS

- Comfortable with online application
- Used to doing by themselves
- Highly value insurance coverage
- Want apples-to-apples comparisons
- Suspect others get a better deal
- Hate sales calls and spam
- Got help from insurance or program expert
- Split between doing it on their own and getting help from a broker/agent
- Some may be paying more if they don't qualify for subsidy
- Seek out from various place so need to reach them through multiple channels

UNINSURED

- Feel cheated and defeated: premiums are out of reach
- Many cite pre-existing conditions
- Face financial and emotional stress
- Dislike "handouts"
- Being uninsured is the norm

UNDERSERVED/MINORITIES

- Oftentimes lower income – many will qualify for subsidies
- Will need high level of guidance
- Being insured may not be the norm
- May be concerned about legal status

EARLY RETIREES

- Self navigators
- Typically seek lower monthly premiums – fewer benefits and higher deductable

YOUNG ADULTS

- Invincible – Don't see the need since they are young and healthy
- Don't factor in the possibility of accidents
- Have been covered on parent's plan – no real understanding of how expensive health care can be

BARRIERS TO ENROLLMENT

FOR INDIVIDUAL ENROLLEE

- Lack of trust/welcome
- No interest
- Cost – may not qualify for subsidies

- Cost perception – think it's more expensive than it is
- Industry terminology
- Language
- Culturally appropriate messages
- Transitory membership (unemployed)
- Transience of some populations makes accessibility difficult
- May not be priority; food, housing take precedence
- May pay more if don't qualify for subsidy
- Technology challenge – lack of knowledge of computers
- Transportation
- Internet access

WITHIN DISTRIBUTION CHANNELS

- Some channels/touchpoints have limited reach
- No existing channel (part-time worker)
- Resource limitations, e.g. length of time on library computers or full bulletin boards for flyer posting
- Volume of info, finding best avenue for the institution
- Identifying appropriate messenger/champion
- Consumer can't use organizations they've come to trust

CURRENT DEMOGRAPHICS / LANDSCAPE

[Total Minnesota population: 5.3 million]

Uninsured					
53.8%		Male	30.1%	*	101 – 200% FPL
46.2%		Female	25.1%	*	201 – 300% FPL
31.7%		Age 35 – 54	24.1%	*	0 – 100% FPL
27%	*	Age 25 – 34	33%		Some college/tech school
15.7%	*	Age 18 – 24	31.8%	*	High school graduate
72.1%	^	White	19.5%	*	Less than high school
11.5%	*	Black	67.8%		Employed
3.3%		American Indian	81.1%	*	Employed by someone else
5.8%		Asian	79.9%	^	Hold one job
13.4%	*	Hispanic/Latino	24.3%	*	Employer size: 11 - 50
24.2%	*	Not US born	22.8%	*	Employer size: 2 - 10
43.2%		Live in greater Minnesota	78.3 %	^	Permanent type job
66.8%	*	Not married			

* Indicates statistically significant higher difference from total population
^ Indicates statistically significant lower difference from total population

Current Non-Group/Individual Insurance Buyers			
Total non-group/individual buyers			250,000
Percentage in relationship to entire MN population	4.7%	Percentage of private health insurance market	7.7%
Coverage			
5.2%	Percent change in premium per member		
$3,000	2009 median per person annual deductible		
28%	$4000-$5999		
20%	$2000-$2999		
20%	$1000-$1999		
16%	$3000-$3999		
$5100	2009 median family annual deductible		
31%	$4000-$5999		
29%	$6000-$9999		
16%	$2000-$3999		
15%	$10,000-$14,000		
Cost Sharing Requirements (by share of total enrollment)			
36.6%	20% coinsurance for office visits		
35.1%	20% coinsurance for hospitalizations		
42%	100% coverage after policy deductable for prescription drug benefits		
Health Plan Market Share (Volume: $648 million)			
68.4%	Blue Cross Blue Shield		
9.5%	HealthPartners		
9.4%	Medica		
8.3%	Assurant Health		
1.7%	America Family Mutual Insurance Company		
1.1%	World Insurance Company		
1%	PreferredOne		
.8%	Others		

OUTREACH CHANNELS

Channel	Geographic Area
All Sub-segments	
Catholic Charities	Statewide
Community Action Programs (CAPP)	Statewide
Lutheran Social Services	Statewide
State Agencies • MN Dept of Health • MN Dept of Human Services • MN Dept of Commerce	Statewide
U of M Extension	Metro, Northeast, Southeast, Southwest
Libraries	Statewide
Head Start	Statewide
Early education programs/groups	Statewide
Child care facilities/programs	Statewide
Neighborhood/rural newspapers	Statewide
Public utility bills	Statewide
Food shelves/shelters	Statewide
Sporting partnerships, etc.	Statewide
Uninsured	
DEED – Workforce Centers	Statewide
Portico	Statewide
Agents/Brokers	Statewide
Insurance Companies	Statewide
Hospitals	Statewide
Clinics	Statewide
Underserved/Minorities	
African Development Center	Metro
American Hmong Partnership	Statewide
American Indian OIC	Statewide
American Indian Tribal Councils	Statewide
CLUES	Metro
Community Action Councils	Metro
Division of Indian Work	Statewide
Indian Health Board of Minneapolis	Statewide
Little Earth of United Tribes	Metro
LGBT Groups	Statewide
McKnight Foundation	Statewide
Mercado Central	Metro
MIGIZI Communications	Metro
Minneapolis American Indian Center	Metro
Minnesota Chippewa Tribe	Northwest, Northeast

MN Chippewa Tribe Finance Corp (MCTFC)	Northwest, Northeast
MN Indian Women's Resource Center	Statewide
NACDI – Community Development Institute	Statewide
Neighborhood Hub	Metro
St. Paul AF Services	Metro
St. Paul American Indians in Unity	Metro
U of M American Indian listserv	Statewide
Upper Midwest AIC	Statewide
Urban League	Metro
Westside Community Health Center	Metro
Women of Nations	Statewide
Churches	Statewide
Neighborhood councils	Metro
Money transfer business (Latino, others?)	Statewide
Community elders (Hmong, others?)	Statewide
Self-Employed	
BNI – MN	Statewide
National Association of Self-Employed (NASE)	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Agents/Brokers	Statewide
Chambers of Commerce	Statewide
LinkedIn Groups	Statewide
Insurance Federation	Statewide
Insurance Companies	Statewide
Financial Planners	Statewide
CPAs – Tax Preparers	Statewide
Unemployed	
DEED – Workforce Centers	Statewide
Networking Groups • LinkedMinnesota • Networking with Grace / Grace Lutheran • SamsNet • Easter Job Transitions Group / Easter Lutheran • Smiling and Dialing • St. Andrews • Wooddale Lutheran • Career Partners International	Metro
LinkedIn Groups	Statewide
Early Retirees	
AARP	Statewide
Education MN	Statewide
Human Resource Professionals of MN (HRP-MN)	Statewide
MN Board on Aging – Senior Linkage Line	Statewide

PERA	Statewide
Society of Human Resources Management (SHERM) – 15 MN chapters	Statewide
World at Work	Statewide
Financial planners	Statewide
Part-time Worker	
Human Resource Professionals of MN (HRP-MN)	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Society of Human Resources Management (SHERM)	Statewide
World at Work	Statewide
Young Adult (college grad, straight to work, aging out of foster care)	
Universities/Colleges	Statewide
Community Colleges	Statewide
High schools – student advisor	Statewide
Trade schools	Statewide
Military Families	
CHAMPVA -Civilian Health and Medical Program of the Department of Veterans Affairs	Statewide

ADDITIONAL AUDIENCE SEGMENTS

A complete outreach and education approach must also take into account regular and timely communications with key stakeholder groups. The Exchange is not being created in a vacuum, rather, the construction of this new marketplace faces constant and close scrutiny. Our desire is to foster open and transparent communication with all stakeholders, to welcome constructive input on the design and development, and to leverage all groups to support the outreach and communications work; in essence, to become ambassadors for the Exchange.

The following list outlines additional outreach partner groups or critical communication channels not mentioned in the above audience profiles.

- Health Insurance Companies
- Tribal Leaders
- Legislators
- Legislative Action Council
- Insurance Industry Experts
- National State Network
- Federal Partners
- Area Foundations
- News Media
- Inter-Agency
    - Governor's Office
    - Department of Commerce – insurance regulatory agency
    - MN.IT – office of technology
    - Health Reform Minnesota
- Internal and Project
    - Advisory Task Force
    - Technical Work Groups
    - HIX Staff
    - HIX Project Managers
    - Project Business Contractors

Public Education and Outreach Initiation

In response to stakeholder requests for dissemination to the public of information on the Exchange, an initial public education and outreach strategy was developed and implemented. It was evident that there existed a lack of awareness and knowledge of the Exchange by Minnesotans of all age groups and backgrounds. To build recognition, a number of activities were executed or are planned to take place in the next 4-6 months. Many activities include coordinating Exchange communications and outreach activities and inter-agency collaboration. Activities include:

When	What
February 15, 2011 – Ongoing	**Presentations and Speaking Engagements** ▪ More than 80 presentations have been given to business associations, community groups and health care professionals. ▪ While the bulk have been given in the Twin Cities, to date 9 have been in greater MN and 5 have been outside the state.
February 25, 2011 – Ongoing	**News Releases** ▪ Utilized for major Exchange milestones and Advisory Task Force meeting notifications. ▪ Releases can be viewed online.
January 12, 2012 - Ongoing	**Weekly Newletter** ▪ Updates on Exchange news, meeting announcements, public feedback requests, etc. ▪ List size currently at 888. ▪ Plan major additions for list once supporting staff are in place.
January 2012 - Ongoing	**In-Person Meetings with Potential Outreach Partners** ▪ Intended to solicit information and build relationships ▪ Sampling of groups engaged: Citizen's League, Enroll America, MPR, Neighborhood Hub, American Cancer Society, Health Law Institute, Minnesota Chamber of Commerce, Minneapolis Chamber of Commerce, St. Paul Chamber of Commerce, MCHA
February 2012 – Ongoing	**Inter-Agency Communications Group** ▪ Comprised of representatives from DHS, MDH, Governor's Office, MMB, Commerce and Health Reform MN. ▪ Discuss communications efforts and areas of intersection.
August 7–9, 2012	**Farm Fest** ▪ Partnered with Commerce to distribute Exchange flyer at their booth. ▪ Event was held in southwest MN. Attendance was approximately 500.
August 23 – September 3, 2012	**Minnesota State Fair Exhibit** ▪ Over 300,000 Minnesotans visited the HealthFair 11 area. ▪ Staff had meaningful conversations with more than 2,600 Minnesotans who stopped by the booth to ask questions and gather information. ▪ 2,500 informational bookmarks were distributed. ▪ 165 people signed up on the Weekly Newsletter e-mail list. ▪ Featured on KARE 11 news on Friday, 8/31. ▪ Featured on HealthFair 11 website leading up to, and during, the Fair.
October 2012 – Ongoing	**Inter-Agency Outreach Planning Work Group** ▪ Comprised of representatives from DHS, MDH, MMB, Commerce and Health Reform MN

When	What
	▪ Discuss ways to utilize current communication channels in helping spread information about the Exchange.
November - December 2012	**Public Education and Outreach Website** ▪ Redesign of current site to to serve as an easily accessed source of information about Exchange-related planning and activity for stakeholders and the public. ▪ In addition, the new site will designed to begin building long-term engagement with targeted audience segments to give them the information they are seeking now and establish a relationship so they are poised to sign on once enrollment opens.
December 2012 - April 2013	**Public Engagement Town Halls and Webinars** ▪ These forums will allow staff to educate consumers about the Exchange while at the same time serving as an opportunity to engage with consumers by gathering their ideas and suggestions for building an Exchange that answers their needs. ▪ Meetings will take place in rural, suburban and urban parts of Minnesota. ▪ A number will be streamed online and recorded.

2013 Marketing Campaign

Minnesota will contract with a provider in 2013 to develop a comprehensive marketing and outreach campaign to launch the Exchange. The selected vendor will incorporate information from Salter Mitchell's findings and communications strategic planning currently in progress to pinpoint the most effective means to reach the intended audience. Some main components will be:

- Community Outreach: partnerships with grassroots organizations and professional organizations that can connect us directly to target audiences, both individual and business.
- Earned Media: a proactive strategy to encourage upbeat stories on the Exchange, from planning stage, to launch, and beyond.
- Paid Media: Advertising (TV, print, online and non-traditional) that attracts, intrigues and compels Minnesotans to the Exchange.
- A robust social media campaign, integrated with other marketing tactics to maximize public engagement.
- A dedicated small business outreach strategy that understands and accounts for the unique needs of the business owner.
- A consistent, informative stakeholder initiative that taps into the outreach efforts that already exists in health care provider organizations or companies, and other government agencies.
- A strategy to engage Navigators and drive recruitment.
- A plan to maintain regular communications with policy makers, thought leaders and influencers.
- An approach to enhance the campaign through creative promotions with corporate partners.

2013 Marketing Campaign Overview		
Mass media (paid)		
• Radio	• Newspapers	• Digital / online
• TV	• Billboards / transit	• Industry publications
Earned media (PR)		
• News releases	• Story placements	• Virtual press conference
• PSAs	• Online newsroom	

• Face-to-face briefings • Opinion pieces • Letters to editor	• Video vignettes • Special sections/editorial calendars	• TV/Radio appearances • Blog
Social/Personal media		
• Facebook • Twitter	• YouTube • E-Mail messages	• LinkedIn
Targeted media		
• Presentations • Speaking engagements	• Town halls • Webinars	• Direct mail • Outreach events
Corporate partnerships		
Grassroots / Community Outreach		
• Events / meetings	• Newsletters/publications	• Website
Stakeholder Communications		
• Navigators / Assistors • Inter-Agency	• Tribal Leaders • Legislators	• Health Insurance Co. • Area Foundations

Our approach is to connect with the audience through trust sources by building tightly-knit partnerships with community groups, business organizations and key stakeholders. The consumer must be reached wherever they are and whenever they may seek the information; therefore we will incorporate the "no wrong door" approach.

The final Campaign Plan, to include performance metrics and recommended tactics, will be submitted to HHS. The full-scale marketing and outreach campaign will ramp up in Spring 2013, continue through December 2014, and will then be aligned with operational needs.

Data Sources

1. Small Group Health Insurance Market Working Group report to the Minnesota Health Care Access Commission, November 15, 2010 (http://archive.leg.state.mn.us/docs/2010/mandated/101424.pdf)
2. Kaiser Family Foundation, 2011 data (http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=42&rgn=25&cmprgn=1)
3. State Health Access Data Assistance Center [SHADAC] (http://mn.gov/commerce/insurance/images/ExchNavGroupHealthInsCovEstimates.pdf)
4. Minnesota Department of Health, 2010 data (http://mn.gov/commerce/insurance/images/ExchSmEmpMDHpresentation3-21-12.pdf)
5. Minnesota Department of Health, 2011 data (http://www.health.state.mn.us/divs/hpsc/hep/publications/coverage/healthinscovmhas2011.pdf)
6. Minnesota Department of Health, 2010 data (http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section2.pdf) (http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section4.pdf)
7. Minnesota Department of Health, 2010 data (http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section2.pdf)
8. Salter Mitchell, Public Education and Outreach Market Research Report, August 2012 (http://mn.gov/commerce/insurance/images/ExchReportPubEducation-Outreach8-12.pdf)

2012

Report to the Health Insurance Exchange Advisory Task Force

Photo courtesy Minnesota Historical Society

Sue Abderholden and Mary Sienko

Outreach, Communications and Marketing Work Group

12/11/2012

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BACKGROUND OVERVIEW

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA). Among the various provisions in the PPACA was a requirement that either states or the federal government create "Health Insurance Exchanges" in each state. Those exchanges are intended to be a marketplace where individuals can compare policies and premiums and buy insurance.

A Health Insurance Exchange is a marketplace for individuals and business to compare, choose, and purchase health insurance at a fair price. An Exchange can make health care easier to navigate for consumers and small businesses. It can allow Minnesotans to easily compare health insurance options based on cost, quality, and consumer satisfaction. It can also foster fair and equitable competition to encourage insurers and health care providers to place a great focus on value, quality, and affordability.

An Exchange can help small businesses provide affordable coverage choices to their workers and allow employees to choose the plan that is best for them and their families. Subsidies and tax credits will be available to eligible individuals and small businesses to make coverage more affordable. Minnesotans can purchase private health insurance or enroll in public programs like Medical Assistance through the Exchange.

The information presented in this report is the result of numerous, in-depth discussions that incorporated the extensive field knowledge, experience and expertise of work group members. The Work Group took particular care to seek out comparison information on exchange work being performed by states across the country, and to stay abreast of breaking developments as more states began reaching outreach and communications milestones. To establish a baseline understanding of communication and outreach challenge for the exchange, the Work Group sought demographic data from a variety of sources, some generated within the state and some from national sources. Although this report concentrates primarily on a suggested approach and direction, as well as recommended options, for the public education and outreach of the exchange by the Outreach, Communications and Marketing Work Group, much of their work is supported by the HIX public education and outreach contractors; by data gleaned from the market research performed by Salter Mitchell, and by the strategic communications plan developed by Himle Rapp.

Federal Requirements/Guidance

Section 1311 (d) (6) of the ACA requires that all health insurance exchanges consult with certain groups of stakeholders as they establish their programs and throughout ongoing operations. The key stakeholders outlined are:

a. Educated health care consumers who are enrollees in QHPs, including individuals with disabilities;
b. Individuals and entities with experience in facilitating enrollment in health coverage;
c. Advocates for enrolling hard-to reach populations including individuals with a mental health or substance abuse disorder; individuals with disabilities; and those who need culturally and linguistically appropriate services;
d. Small businesses and self-employed individuals;

The Department of Health and Human Services (HHS) further outlined additional groups for inclusion under proposed rule (155.130):

e. State Medicaid and CHIP agencies and consumers who are Medicaid or CHIP beneficiaries;
f. Federally-recognized tribe(s) located within the Exchange's geographic area;
g. Public health experts;
h. Health care providers;
i. Large employers;
j. Health insurance issuers; and
k. Agents and brokers

HHS, through its Office of Consumer Information and Insurance Oversight (CCIIO), provided further guidance on expected milestones for the core area of outreach and education in the publication released January 1, 2011, *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*. The document stated that Exchanges should:

1. Perform market analysis/environmental scan to assess outreach/education needs to determine geographic and demographic-based target areas and vulnerable populations for outreach efforts.
2. Develop outreach and education plan to include key milestones and contracting strategy.
3. Distribute outreach and education plan to stakeholders and HHS for input and refinement.
4. Develop a "toolkit" for outreach to include educational materials and information.
5. Develop performance metrics and evaluation plan.
6. Design a media strategy and other information dissemination tools.
7. Submit a final outreach and education plan to HHS.
8. Focus test materials with key stakeholders and consumers, and make refinements based on input.
9. Launch outreach and education strategy and continue to refine messaging based on response and feedback from consumers.

Minnesota Guidance

In October of 2011, Governor Mark Dayton issued Executive Order 11-30 which, among other initiatives, directed the Minnesota Department of Commerce to design and develop a Minnesota Health insurance exchange. In order to inform this work, Commissioner Mike Rothman appointed an Health Insurance Exchange Advisory Task Force to provide him with input on a number of issues related to that design and development. To assist the work of the Advisory Task Force, a number of technical work groups were formulated including the Outreach, Communications and Marketing Work Group.

OUTREACH, COMMUNICATIONS AND MARKETING WORK GROUP

In March 2012, the Exchange convened the Outreach, Communications and Marketing Work Group as one of ten work groups that provides information to the Advisory Task Force. This workgroup is composed of 27 members including consumer, employer, health insurer, and provider representatives, as well as market experts, and state agency staff. The purpose of the workgroup is to provide technical assistance and information on the options related to outreach, marketing, and communication for a Minnesota Health Insurance a Minnesota Health Insurance Exchange. The Advisory Task Force will use this information to inform their recommendations to the Governor.

Work Group members were selected via an open application process and will serve through the end of 2013. Members of the Outreach, Communications and Marketing Work Group are:

- Sue Abderholden, National Alliance on Mental Illness of Minnesota (co-lead)
- Mary Sienko, Minnesota Health Insurance Exchange (co-lead)
- Carley Barber, Minnesota Health Insurance Exchange
- Andy Cook, Regions Hospital Foundation
- Angela Dahl, National Marrow Donor Program
- Pamela Daniels, Department of Human Services
- Kathleen Davis, Legal Aid Society of Minnesota
- Mitchell Davis, Jr., Minneapolis Urban League
- Lauren Gilchrist, Health Reform Minnesota
- Kerri Gordon, Allina Hospitals & Clinics
- Sammy Gueringer, Ear, Nose and Throat Clinic and Hearing Center
- Annie Halland, Minnesota Public Health Association
- Jessica Hayssen, Minnesota AFL-CIO
- Ben Hill, Department of Commerce
- Carol Hernandez, Mille Lacs Band of Ojibwe
- Al Kruse
- Liz Kuoppala, Minnesota Coalition for the Homeless
- Shawn Leighton, Best Buy
- Matt Malloy, Blue Cross Blue Shield
- Patrick O'Leary, Citizen's League
- Joe Pederson, Lakes and Prairies Community Action Partnership
- Greg Sailer, Sailer Benefit Services
- Benjamin Schierer, Communicating for America
- Akhmiri Sekhr-Ra, Cultural Wellness Center
- Scott Smith, Minnesota Department of Health
- Peter Sorensen, Sorenson Flexible Benefits
- Donna Zimmerman, HealthPartners

Report to the Health Insurance Exchange Advisory Task Force

The Work Group has been tasked with providing the Advisory Task Force with information about the following issues:

- What are the audiences for the Exchange?
- What are the barriers to reaching the target audience? How can we overcome them?
- What are the best channels/methods to reach the audience segments?
- What groups or partners should we seek out to help spread the word on the Exchange?
- What messages and visuals will have the most impact on the audience to entice them to purchase health insurance from the Exchange?
- How do we best present information to drive traffic to the Exchange?
- How do we measure the effectiveness of our outreach efforts?

Below is a summary of completed and upcoming Work Group meetings and agenda topics. Meeting materials and references can be found online.

Date	Agenda Topics
March 7, 2012	▪ Introduction of members and audience ▪ Overview of the Exchange ▪ Overview of the Outreach, Communications and Marketing Work Group ▪ Initial discussion of target audience for the Exchange ▪ Public Comment
April 10, 2012	▪ Discuss and refine market research questions ▪ Continue discussion to define audience segments ▪ Review input from Advisory Task Force ▪ Public Comment
May 4 , 2012	▪ Presentation from Peter Mitchell of Salter Mitchell on scope of market research project ▪ Further discussion on audience segments ▪ Public Comment
June 5, 2012	▪ Overview of MA Health Connector campaign ▪ Presentation by David Godfrey, MDH on Medical Assistance landscape ▪ Initial discussion of outreach efforts ▪ Work plan check-in ▪ Public Comment
July 10, 2012	▪ Presentation of preliminary Market Research results by Salter Mitchell ▪ Presentation of Enroll UX 2014 project by Pete Frank ▪ Discussion of guiding principles ▪ Distribution of demographic research for audience segments ▪ Public Comment
August, 2012	Audience Segment Team Meetings ▪ Drill down to barriers and benefits
September 11, 2012	▪ Discussion and approval of guiding principles ▪ Audience Segment Team reports ▪ State Fair report ▪ Update on outreach, education, branding efforts by other states

Date	Agenda Topics
	▪ HIX update – IT build, work groups, blueprint certification application ▪ Public Comment
October 16, 2012	▪ HIX updates - $42.5 million grant, move to MMB, work groups, blueprint certification ▪ Review public education/outreach websites from other states – OR, MD, CO ▪ Discuss content for a Minnesota public education website ▪ Discuss outreach channels ▪ Work plan review ▪ Public Comment
November 30, 2012	▪ Review of preliminary draft of Himle strategic communications and social media plan ▪ Branding development exercise ▪ HIX update
2013	▪ Discussion of marketing dollars allocation ▪ Discuss performance measures and evaluation ▪ Review and discuss branding assessment ▪ Discuss corporate partnership opportunities and member connections ▪ Review outreach community events. Prioritize and approve calendar. ▪ Review and discuss marketing campaign plan ▪ Review marketing materials ▪ Review advertising plan ▪ Work plan check-in ▪ Public Comment

The Outreach, Communications and Marketing Work Group will continue monthly, public meetings to review and discuss ongoing issues related to outreach and education for the Exchange through 2013.

TARGET AUDIENCE PROFILES

The Outreach, Communications and Marketing Work Group devoted a number of meetings, and many hours of discussion, to developing target audience profiles. The information presented reflects their extensive work, along with supporting data from state and national resources and the market research performed by Salter Mitchell.

The Work Group has identified the target audience into three main segments: Medicaid/Medical Assistance Enrollee, Small Employers and Individuals. The Individual audience segment contains multiple subsets.

AUDIENCE TARGET – MEDICAID/MEDICAL ASSISTANCE ENROLLEE

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into three main groupings:

1. Those already on Medicaid, Minnesota Care, or other public assistance program
2. Those newly eligible for Medicaid
3. Those eligible but not on Medicaid (crossover with Individual, Uninsured segment)

For those already receiving care through public assistance programs, the main goal will be to ensure every person clearly understands what and how this new system, the Exchange, will provide for them. It will be logical to work closely with agencies and organizations that currently facilitate for this population to deliver a smooth, seamless transition.

The newly eligible for Medicaid consumer will need a slightly different approach. Although they, too, will need a thorough explanation of the Exchange, they may not be familiar with public assistance programs and may need additional information or more assistance navigating the eligibility and enrollment process.

The toughest challenge will be changing the perspective of those who are eligible for Medicaid but choose not to enroll. Due to lack of coverage, these individuals likely either go without health care or utilize hospital emergency rooms, community health centers, migrant health care clinics and similar non-primary care, non-coordinated services. This unifying characteristic may provide the means to identifying the proper channel(s) for outreach, communications and enrollment. This group intersects with the Uninsured group o the Individual Audience Segment.

The Work Group believes that the key to ensuring an effective education/outreach approach to the Medicaid/ Medical Assistance target audience is for the Exchange to leverage existing relationships the Department of Human Services has already developed in delivering this program to Minnesotans. Exchange staff has already begun collaboration efforts with DHS communicators and program managers to reach this audience group *(see Appendix A)*.

AUDIENCE CHARACTERISTICS

Current Medicaid/Medical Assistance Enrollee

- Feel disrespected; seeking common courtesy and respect
- Dislike in-person application process

- Prefer help from trusted people

New to Medicaid

- Demonstrate resistance to enrollment; they don't want to be there
- Open to and prefer an online enrollment
- May need a lot of assistance/information

Eligible But Not on Medicaid *(from Salter Mitchell research)*

- Think health insurance is important but believe majority of peers go without
- Half lost coverage less than a year ago, however one third have been without for more than 2 years
- Three out of four are dissatisfied with the current lack of insurance
- Half cite affordability as main barrier to coverage
- Three quarters have seen health care advertising but few attempted to seek information or acquire insurance

BARRIERS TO ENROLLMENT

For the Enrollee

- Language – either not understanding English or insurance/program terminology
- Wanting to work yet also be able to keep benefits
- Not working but need cash
- Complicated, time-consuming renewal process
- Political opposition
- Lack of trust/welcome at point of entry
- May not want to participate
- Capturing their attention – other needs take precedence
- In rural areas, the lack of privacy during enrollment
- Time consuming and expensive to gather documentation
- Perception of low quality care providers to Medicaid
- Transience of population makes accessibility difficult
- Cultural value for health insurance is low or non-existent

Within Distribution Channels

- Lack of staff and/or resources to assist enrollee
- Lack of knowledge/training to identify a qualifying individual
- Communication not always coordinated between areas of agency/organization
- Proper documentation not completed or filed
- Program administrators must have direct communication with enrollees (per federal regulations)
- Competing priorities in complex organizations
- Volume of information received; finding the best pathway to front line staff
- Identifying the appropriate messenger/champion

CURRENT DEMOGRAPHICS

The Work Group looked at data from three sources: the Minnesota Department of Health, the State Health Access Data Assistance Center (SHADAC) and the Kaiser Family Foundation. The total number of enrollees in Minnesota Medicaid/Medical Assistance programs is 700,000.

Program Breakout *(as a % of total MN population of 5.3 million)*			
Medical Assistance	9.7%	GAMC	0.7%
Minnesota Care	2.6%	TriCare	1.1%

Enrollees					
Children	350,100	50%	Individual – married	138,000	6.0%
Adults	350,300	50%	Individual – not married	400,000	15.7%
At Least 1 Full Time Worker	375,000	54%	Family – married	376,000	10.4%
Part Time Workers	155,600	22%	Family – not married	347,000	22.1%
Non Workers	169,800	24%	Health Status – good/ very good/excellent	601,000	12.7%
Female	365,600	52%			
Male	334,700	48%	Health Status – fair/ poor	122,000	27.6%
White	460,700	66%			
Black	108,500	15%			
Hispanic	54,600	8%			
Other	76,500	11%			

Coverage Rates					
At Least 1 Full Time Worker	375,000	10%	Female	400,000	15.2%
Part Time Workers	155,600	32%	Male	323,000	12.7%
Non Workers	169,800	50%	White	437,000	9.9%
Under 100% FPL	308,600	48%	Black	124,000	55.9%
Under 139% FPL	408,100	46%	Hispanic	61,000	26.3%
139-250% FPL	177,500	22%	Asian	64,000	31.4%
251-399% FPL	68,100	7%	Other	38,000	35.8%
400%+ FPL	46,600	3%			

AUDIENCE TARGET – SMALL BUSINESS EMPLOYER

(defined as establishments with less than 50 employees)

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Establishments who currently offer health insurance to employees
2. New purchasers

For employers who currently offer health insurance to their employees, the role of the agent/broker within the Exchange will be crucial. The market research by Salter Mitchell clearly showed that:

- the majority of employers offering health insurance rely on an agent/broker for assistance

- small employers value and trust their relationship with their agent/broker
- the majority have held relationships with their agent/broker for 5 years or more

Amongst new purchasers, cost is overwhelmingly the reason the small employer doesn't currently offer insurance to their employees. In addition, the majority of small business owners hold the belief that other businesses are like them in not offering employee insurance. With this group, the agent/broker connection may not be nearly as strong, or may even be non-existent.

AUDIENCE CHARACTERISTICS

Establishments Currently Offering Insurance

- Dissatisfied with their current insurance status – know that larger companies get better rates
- Say that getting insurance isn't easy
- Have a strong trust in, and loyalty to, their broker/agent
- Believe others like them are the same and do offer employee insurance (norm affect)
- Are frustrated with frequent premium increases
- Say that plan choices are becoming more limited
- Say that plans are too complex – find it difficult to understand what is covered by the plans
- Find it difficult to compare benefits/prices across plans
- Typically pay 18% more in health insurance costs than large companies
- Are open to the exchange concept

New Purchasers

- Are open to the exchange concept
- Will need to be shown that they can afford it
- Believe others like them are the same and don't offer employee insurance (norm affect)
- Will need a lot of assistance/information

BARRIERS TO ENROLLMENT

For the Small Employer

- Cost – may not qualify for tax credit
- Cost perception – think it's more expensive than it is
- Language – either not understanding English or insurance/program terminology
- Political opposition
- Lack of trust in government programs or initiatives
- Technology challenge – lack of knowledge of computers
- Lack of reliable Internet access
- May have access to national group insurance (especially non-profit associations)
- Currently have a strong relationship with agent/broker and wouldn't consider the exchange unless their agent/broker was attached
- Capturing their attention – other business needs may take precedence
- Cultural value for health insurance is low or non-existent

Within Distribution Channels

- Some channels/touchpoints may have limited reach

- Some channels/touchpoints may not be receptive to the exchange for political or idealogical reasons
- May not see it as a business opportunity because of compensation
- May have an exclusive tie with a specific plan provider that is not participating in the exchange

CURRENT LANDSCAPE

The Work Group looked at data from multiple sources: the Minnesota Department of Health, the Kaiser Family Foundation, the Salter Mitchell research, and the Small Group Health Insurance Market Working Group report to the Minnesota Health Care Access Commission. The Small Employee data was compiled by the Minnesota Department of Health specifically at the request of the work group. Additional demographic data was supplied by work group member, Greg Sailer.

Small Business Owner Profile			
Number of full-time employees		Industry	
2-10	74%	Retail Trade	26%
11-20	17%	Manufacturing	14%
21-30	6%	Construction	11%
31-50	3%	Professional, Scientific, Technical	10%
Years in Existence		Finance and Insurance	8%
1-5 years	4%	Health Care	7%
6-10 years	9%	Transportation and Warehousing	6%
11-19 years	19%	Wholesale Trade	4%
20-49 years	54%	Other	12%
50 years or more	13%	Offer Health Insurance	
Average Annual Employee Salary		Yes	62%
Less than $20,000	7%	No	38%
$20,000-$39,999	42%		
$40,000-$59,999	32%		
$60,000-$79,000	9%		
$80,000 +	1%		
(Data from the Salter Mitchell market research)			

Firm/Establishment	
80%	Establishments with 2-50 employees
4%	Establishments with 51-100 employees
Employee	
58.5%	Percent of employees in firms with 1-49 employees offering health insurance
73.4%	Percent of employees in firms with 1-49 employees eligible for health insurance
77.2%	Take-up rate by employees in firms with 1-49 employees
Coverage	
359,775	Individuals enrolled in small group health insurance
5.5%	Premium increase per member in 2010

$1,500	2009 median per person annual deductible
25.1%	$1000-$1999
36%	$2000 or more
$3,000	2009 median family annual deductible
25.1%	$2000-$3999
37%	$4000 or more
Health Plan Market Share (Volume: $1.49 billion)	
43.02%	Blue Cross Blue Shield
23.52%	Medica
24.53%	HealthPartners
5.15%	PreferredOne
3.35%	Federated Mutual
.19%	Principal Life
.13%	Time Insurance (formerly Fortis)
.11%	Others

Demographic Characteristics of Individuals Employed by Small Firms			
Sex		Income	
Male	59%	0-100%	9%
Female	41%	100-200%	22.1%
Education		200-300%	18.2%
Less than high school	7.5%	300-400%	14.6%
High School	26.5%	400% +	36.2%
Some College	37.4%	Marital Status	
College	20.3%	Married	61.7%
Postgraduate	8.4%	Not Married	38.3%
Age		Region	
18-25	11.7%	Twin Cities	46.4%
26-34	20%	Greater Minnesota	53.6%
35-54	50.3%	Health Status	
55-64	13.4%	Excellent	41.5%
65 +	4.7%	Very Good	30.6%
Race		Good	19.9%
White	86.7%	Fair	7.1%
Black	1.6%	Poor	1%
Asian or Pacific Islander	2.6%		
American Indian	0.7%		
Hispanic/Latino	5.8%		
Other	2.5%		

(Data from the 2011 Minnesota Health Access Survey)

AUDIENCE TARGET – INDIVIDUAL CONSUMER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Current non-group/individual market insurance buyers
2. New purchasers
   Subgroups identified:
   - Uninsured
   - Self-employed
   - Part-time worker
   - Unemployed
   - Early retirees
   - Young adults
   - Underserved/Minorities
   - Aging out of foster care
   - Straight to work
   - Military families

According to market research by Salter Mitchell:

- consumers from both main groupings feel the process of looking for and choosing health insurance is difficult
- costs and difficulties assessing coverage and benefit details were the primary hurdles
- the main triggers that prompt a person to look into health insurance are changes health or employment status

When it comes to the uninsured, the Salter Mitchell research found that:

- 76% of the uninsured are dissatisfied with their current situation
- the uninsured are more likely to say that people like them do not have insurance
- 56% have considered buying insurance

This gives us a framework to build outreach efforts around. If we segment the audience by openness to using the Exchange, we will have an actionable way to prioritize communications and outreach for “core” and “swing” users, those most likely to become customers of the Exchange.

AUDIENCE CHARACTERISTICS

Overall

- Are value shoppers
- Have a perception that insurance is too costly
- Will need a high level of guidance (particularly those who are new to the market)

Current Market Purchasers

- Are comfortable with online application
- Are split between doing it on their own and getting help from a broker/agent or plan representative
- Highly value insurance coverage
- Want apples-to-apples comparisons
- Suspect others get a better deal
- Hate sales calls and spam
- Some may be paying more if they don’t qualify for subsidy
- Seek out information from various places so will need to reach them through multiple channels

Uninsured

- Feel cheated and defeated: premiums are out of reach
- Many cite pre-existing conditions
- Face financial and emotional stress
- Dislike "handouts"
- Think that being uninsured is the norm
- Don't like to be told they need insurance; must first see the value and benefits

Underserved/Minorities

- Oftentimes have a lower income – many will qualify for subsidies
- Will need a high level of guidance
- Believe that being uninsured is the norm
- May be concerned about legal status
- Health insurance is not culturally understood or is an unknown concept

Young Adults

- Feel "Invincible" – don't see the need for health insurance since they are young and healthy
- Don't factor in the possibility of accidents
- Have been covered on a parent's plan so have no real understanding of how expensive health care is
- May have heavy education debt load and face a struggle for job prospects

Early Retirees

- Are self navigators motivated to take the initiative to seek out insurance options
- Typically seek lower monthly premiums with fewer benefits and a higher deductable

BARRIERS TO ENROLLMENT

For Individual

- Lack of trust in government programs or initiatives
- Cost – may not qualify for subsidies
- Cost perception – think it's more expensive than it is
- Language – either not understanding English or insurance/program terminology
- Lack of culturally appropriate messages
- Cultural value for health insurance is low or non-existent
- Transitory group inclusion (e.g., unemployed)
- Mobility of some populations makes accessibility difficult
- May not be a priority; more critical needs like food and housing take precedence
- Technology challenge – lack of knowledge of computers
- Lack of transportation
- Lack of reliable Internet access
- Political opposition
- No interest in insurance of any type

Within Distribution Channel

- Some channels/touchpoints have limited reach
- Channels are weak or non-existent (part-time worker)

- Resource limitations, e.g., length of time on library computers or full bulletin boards for flyer posting
- Lack of staff and/or resources to assist enrollee
- Competing priorities in complex organizations
- Volume of information received; finding the best pathway to front line staff
- Identifying the appropriate messenger/champion
- Consumer can't use organizations they've come to trust

CURRENT DEMOGRAPHICS / LANDSCAPE

The Work Group looked at data from multiple sources at the Minnesota Department of Health. The Non-Group/Individual Market data was compiled by the Minnesota Department of Health specifically at the request of the work group.

Uninsured			
		Uninsured	Total Population
Gender			
	Male	53.8 %	50.7 %
	Female	46.2 %	49.3%
Age			
	0 to 5	4.6 %	8.2%
	6 to 17	9.9%	16.5%
	18 to 24	15.7%	8.5%
	25 to 34	27%	13.5%
	35 to 54	10.1%	28.6%
	55 to 64	10.1%	12.2%
	65+	1%	12.5%
Race/Ethnicity			
	White	72.1%	86.5%
	Black	11.5%	5.9%
	American Indian	3.3%	2.1%
	Asian	5.8%	4.5%
	Hispanic/Latino	13.4%	4.7%
Country of Origin			
	US Born	75.8%	91.9%
	Not US Born	24.2%	8.1%
Family Income, as % of Poverty			
	0 to 100%	24.1%	13.4%
	101 to 200%	30.1%	17.4%
	201 to 300%	25.1%	17.6%
	301 to 400%	10%	14.2%
	401% +	10.8%	37.4%
Greater MN/Twin Cities			
	Greater MN	43.2%	45.8%
	Twin Cities	56.8%	54.1%
Marital Status			
	Married	33.2%	59.3%

	Not Married	66.8%	40.7%
Education			
	Less than high school	19.5%	8.1%
	High school graduate	31.8%	24.8%
	Some college/tech	33%	33%
	College graduate	13%	22.2%
	Postgraduate	2.7%	11.9%
Employment Status			
	Employed	67.8%	72.1%
	Not Employed	32.2%	27.9%
Employment Type (for those employed)			
	Self Employed	18.9%	11.7%
	Employed by someone else	81.1%	88.3%
Number of Jobs (for those employed			
	One Job	79.9%	88.3%
	Multiple Jobs	20.1%	11.7%
Size of Employer (for those employed)			
	Self Employed, no employees	11%	5.3%
	2 to 10 employees	22.8%	11.9%
	11 to 50 employees	24.3%	12.6%
	51 to 100 employees	10.2%	10.5%
	101 to 500 employees	11.5%	17%
	500 + employees	20.1%	42.8%
Type of Job (for those employed)			
	Temporary/Seasonal	21.7%	8.8%
	Permanent	78.3%	91.2%

(Data from the 2011 Minnesota Health Access Survey)

Demographic Characteristics of Minnesotans with Individual Coverage			
Sex		Income	
Male	50.3%	0-100%	10.6%
Female	49.8%	100-200%	13.1%
Education		200-300%	19.9%
Less than high school	5.9%	300-400%	16.2%
High School	22.4%	400% +	40.2%
Some College	38.1%	Marital Status	
College	21.3%	Married	59.8%
Postgraduate	12.2%	Not Married	40.2%
Age		Region	
0-5	6.3%	Twin Cities	47.2%
6-17	19.7%	Greater Minnesota	52.8%
18-25	13.5%	Health Status	
26-34	8%	Excellent	45.7%
35-54	30.8%	Very Good	31.2%
55-64	17.9%	Good	17.7%
65 +	3.8%	Fair	4.5%

Race		Poor	1%
White	89.9%		
Black	1.8%		
Asian or Pacific Islander	4.2%		
American Indian	0.25%		
Hispanic/Latino	3.1%		
Other	1.3%		
(Data from the 2011 Minnesota Health Access Survey)			

Non-Group/Individual Insurance Buyers			
Total non-group/individual buyers			250,000
Percentage in relationship to entire MN population	4.7%	Percentage of private health insurance market	7.7%
Coverage			
5.2%	Percent change in premium per member		
$3,000	2009 median per person annual deductible		
28%	$4000-$5999		
20%	$2000-$2999		
20%	$1000-$1999		
16%	$3000-$3999		
$5100	2009 median family annual deductible		
31%	$4000-$5999		
29%	$6000-$9999		
16%	$2000-$3999		
15%	$10,000-$14,000		
Cost Sharing Requirements ***(by share of total enrollment)***			
36.6%	20% coinsurance for office visits		
35.1%	20% coinsurance for hospitalizations		
42%	100% coverage after policy deductable for prescription drug benefits		
Health Plan Market Share ***(Volume: $648 million)***			
68.4%	Blue Cross Blue Shield		
9.5%	HealthPartners		
9.4%	Medica		
8.3%	Assurant Health		
1.7%	America Family Mutual Insurance Company		
1.1%	World Insurance Company		

1%	PreferredOne
.8%	Others

AUDIENCE TARGET – NATIVE AMERICAN

While the Outreach, Communications and Marketing Work Group included this group into the discussions of the Individual Audience segment, the Work Group does acknowledge that Native Americans have special considerations for the exchange as outlined by the ACA. In addition, exchange regulations specifically call for education and outreach to Native Americans. For those reasons, the Work Group has attempted a greater understanding of this group's unique situation for purposes of strategic planning.

The Outreach, Communications and Marketing Work Group acknowledged that this audience segment had special considerations outlined by the ACA, and may need a public education and outreach approach that differs slightly from other audience groups.

ENROLLMENT ISSUES

- Provide outreach and education that is culturally appropriate and Indian specific.
- Identify individuals who are eligible for special protections and provisions as AI/AN.
- Enrollment processes must accommodate special provisions for AI/AN whether they enter the exchange as an employee, a medical assistance enrollee or an individual purchaser.

INFORMATION SYSTEMS ISSUES

- Identification of databases that will be used to expedite eligibility determinations.
- Clarification on how additional documentation will be requested and reviewed for eligibility determinations when individuals are not included in approved data systems.
- How AI/AN inquiries will be handled by the exchange customer response center.
- Ensure that the design of the website includes information specific to AI/AN, is easy to access by consumers as well as those assisting.

CURRENT DEMOGRAPHICS / LANDSCAPE

Demographic data on the Native American population was supplied by work group member, Carol Hernandez, and Advisory Task Force member, Phil Norrgard. *(see Appendix B for distribution data by county)*

Minnesota AI/AN Health Insurance Coverage		
93,380		Civilian non-institutionalized population
45.6%		With private health insurance
42.1%		With public coverage
19.3%		No health insurance coverage
Income Distribution by FPL		
17%	17,015	Over 400
38%	37,533	138-400

45%	44,102	Under 138
Uninsured by FPL		
13%	2,721	Over 400
37%	8,039	138-400
50%	10,900	Under 138
On Medicaid by FPL		
2%	715	Over 400
25%	8,937	138-400
73%	26,650	Under 138
With Private Insurance by FPL		
32%	13,463	Over 400
49%	21,001	138-400
19%	7,977	Under 138

ADDITIONAL AUDIENCE SEGMENTS

A complete outreach and education approach must also take into account regular and timely communications with key stakeholder groups. The Exchange is not being created in a vacuum, rather, the construction of this new marketplace faces constant and close scrutiny. Our desire is to foster open and transparent communication with all stakeholders, to welcome constructive input on the design and development, and to leverage all groups to support the outreach and communications work; in essence, to become ambassadors for the Exchange.

The following list outlines additional outreach partner groups or critical communication channels not mentioned in the above audience profiles.

- Health Insurance Companies
- Tribal Leaders
- Legislators
- Legislative Action Council
- Insurance Industry Experts
- National State Network
- Federal Partners
- Area Foundations
- News Media

- Inter-Agency
  - Governor's Office
  - Department of Commerce – insurance regulatory agency
  - MN.IT – office of technology
  - Health Reform Minnesota
- Internal and Project
  - Advisory Task Force
  - Technical Work Groups
  - HIX Staff
  - HIX Project Managers
  - Project Business Contractors

PRIORITY AUDIENCE GROUPS

During the course of analyzing and discussing the different audience segments, the Outreach Work Group talked at length about the reality that there exists a small percentage of Minnesotans who are staunchly resistant to health

insurance for whatever reason, and who are unlikely to change their views in the short term. To shift perceptions or attitudes amongst this audience segment would take a dedicated education and outreach effort of some duration. Therefore, it would be prudent to first expend efforts amongst populations that were more likely to be open to the idea of an exchange. This conclusion mirrors the recommendation from the Salter Mitchell research.

In the Salter Mitchell research report, three audience catagories were identified for the uninsured and non-group consumers: Base, Swing and Anti. The report advises the exchange to concentrate efforts on reaching out to the Base and Swing groups; to reinforce the loyal Base group first and then persuade folks in the Swing group.

Priority Audience Demographics			
	Base	Swing	Anti
Age 25-34	17%	**19%**	11%
Age 35-44	12%	15%	11%
Age 45-54	**35%**	32%	32%
Age 55-64	36%	34%	**45%**
Married	63%	66%	58%
Never married/single	20%	24%	23%
Employed full-time	**39%**	**40%**	33%
Employed part-time	19%	**28%**	18%
Unemployed	17%	11%	19%
High school graduate	18%	23%	**28%**
Some college	27%	30%	**36%**
College graduate	**38%**	**32%**	21%
Uninsured less than 6 months	**25%**	20%	11%
Uninsured 6 months to 2 years	28%	**28%**	16%
Uninsured 2 + years	45%	45%	**57%**
Never had insurance	3%	6%	**17%**
Use internet daily/almost daily	**84%**	71%	43%
Have kids under 18	**38%**	**37%**	23%

Additionally, the Salter Mitchell research outlined priority groupings of the uninsured population: Young, Healthy and Confident; Healthy, But Concerned; Sick and Seeking Help; and Not Interested, Not Online. The Outreach Work Group sees the logic in focusing education and outreach efforts on the groups that fall into the Base or Swing categories; Young, Healthy and Confident; Healthy, But Concerned; and Sick and Seeking Help.

AUDIENCE CHARACTERISTICS

Young, Healthy and Confident (20%)

- 46% are under age 35; 86% are under age 55
- 100% think insurance is important, but not a necessity
- 57% reside in Greater Minnesota
- 53% are female
- 39% are college graduates
- 41% are employed full-time
- 100% access the Internet daily or almost daily

Healthy, But Concerned (27%)

- 66% considered buying insurance
- 0% have cronic conditions
- 62% are under age 54
- 64% are female
- 34% are college graduates
- 39% are employed full-time
- 50% have dependent children
- 86% access the Internet daily or almost daily
- 65% feel health insurance is a necessity, something they would never give up

Sick and Seeking Help (19%)

- 98% have a cronic condition
- 71% are very dissatisfied with their health insurance situation
- 76% are 45 or older
- 54% reside in Greater Minnesota
- 58% are female
- 73% access the Internet daily or almost daily
- 69% feel health insurance is a necessity, something they would never give up

OUTREACH, COMMUNICATIONS AND MARKETING APPROACH

Projections indicate that the Minnesota Health Insurance Exchange (MNHIX) will service approximately 1.2 million consumers. A robust outreach, education and communications plan will be critical to reaching all audience segments. While the ultimate goal of a comprehensive campaign plan is to drive every potential user towards enrollment in the Exchange, the immediate objective is to introduce MNHIX to the Minnesota population, and to begin a dialog on how it can benefit their lives.

Guiding Principles

The Outreach, Communications and Marketing Work Group discussed and adopted the following principles to help guide the work of the group and the Exchange in the areas of outreach and education.

- **Bring Everyone Along**: although not everyone in the State is immediately affected by the launch of the exchange, every opinion matters. The campaign's core efforts will focus on enrollment of the key target audiences while opinion leaders, elected officials, media and the general public must also be educated. All information should be fact based and objective.

- **Pinpoint the Minnesota Audience and Find the Pulse**: only by delving deep to discern the personality – values, attitudes, interests – of the target audience, will it be possible to create effective messaging that engages and motivates. Clearly define audience segments; identify both the barriers to reaching them and the barriers that preclude their participation; and craft messaging that offers solutions in synch with the audience personality.

- **Include Targeted Outreach to Hard-to-Insure Populations**: a central goal of health reform and the Exchange is to maximize access to health care and reducing the uninsured rate in Minnesota. The Outreach approach should include strategies to reach the "newly covered" and "covered-but-not-enrolled" populations, engage organizations with culturally-specific expertise, and build partnerships with community organizations that have strong existing relationships with target groups.

- **Segment Audiences and Customize Communications**: develop actionable marketing, communications and outreach tactics based on research and evidence of how different populations can best be reached and encouraged to enroll and retain coverage; ensure materials are cultural and linguistically appropriate, understandable, and in plain language.

- **Leverage the Power of Partnerships**: maximize education and enrollment by leveraging existing resources, networks and trusted channels, and identify new opportunities for collaboration and partnerships with common visions and missions to best reach the target audience.

- **Evaluate and Adjust Campaign Strategies**: monitor and modify, at least biannually, based on feedback from stakeholders, partners, on-going research, program metrics and national indicators.

- **Collaborate to Ensure Delivery of Consumer Experience**: interface with other Exchange Technical Work Groups to develop and provide a seamless consumer experience.

Public Education and Outreach Plan

The plan must lay the groundwork for effective outreach and communications by assembling the communication and marketing pieces that will be the foundation, and base the platform on solid market research and data collection to capture audience mindsets and influence how messages are received. Overall, the aim is to develop a proactive consumer outreach initiative that communicates the value of the Exchange and provides the necessary information to assist the consumer with making informed decisions about health insurance and the Exchange.

To achieve optimum results for the outreach and education plan, eight crucial steps will be followed: laying the foundation, determine resource needs, creative development, concept testing, campaign launch, performance measurement, results analytics and approach modification. Each step has a specific set of actions and deliverables. It is important to note that one area feeds into the next and, at times, will overlap; none are exclusive, rather they are collective, and the intent is to allow for efforts in each to evolve and adapt over time.

1. Lay the Foundation
   The essential building blocks for a successful outreach and education plan include:
   - Gathering background information from other state exchanges and establishing collaborative relationships
   - Creating a marketing plan for 2013
   - Developing a work plan
   - Performing a risk assessment
   - Conducting market research

2. Determine Resource Needs
   Plot out and budget for the supporting infrastructure necessary to achieve outreach and education goals and objectives.
   - Assemble the team. Determine the roles needed for outreach, communication and marketing functions.
   - Factor in essential tools such as software programs and services (creative, email, online/digital, etc).
   - Strategize for organizational memberships and professional training.

3. Develop Creative
   Leverage the foundation to develop the core elements of the communication/marketing platform
   - Public relations and social media strategic plan
   - Branding
   - Marketing materials
   - Public education/outreach website

4. Concept Testing
   - Present creative, messaging and delivery concepts to target audience samples to obtain feedback and verify direction.

5. Campaign Launch
   - Develop integrated marketing campaign to launch the Exchange into the marketplace.

6. Measure Performance
   - Establish measurement metrics to determine campaign's impact.

7. Analyze Results
   - Closely monitor campaign performance across all channels (enrollment numbers, web visits/clicks, event attendance, PR exposure, social media interaction, etc.)

8. Adjust Approach

Public Education and Outreach Website

A public education and outreach website is being developed in tandem with branding development and key messaging from strategic communication and social media planning. The Outreach Work Group examined a sampling of newly-developed public engagement sites from other states. The group then reviewed the content architecture of the new Minnesota site to outline desired improvements. The redesign will:

- serve as an easily accessed source of information about Exchange-related planning and activity for stakeholders and the public.
- begin building long-term engagement with targeted audience segments to give them the information they are seeking now and establish a relationship so they are poised to sign on once enrollment opens.

Public Education and Outreach Channels

The Outreach, Communications and Marketing Work Group devoted much effort to tabulating a comprehensive list of outreach channels and touchpoints for each audience segment. While some entities were share amongst more than one audience group, some organizations or agencies were exclusive to a specific segment. The work group has also begun discussions to prioritize channels based on their audience impact and reach. All members were in consensus that organizations that were more likely to perform navigator functions should be involved the earliest.

Outreach Channels *(see Appendix C for additional listings)*	**Geographic Area**	**Audience** *(SEA = Small Employer; MA = Medicaid; IA = Individual)*		
State Agencies		MA	SEA	IA
MN Dept of Commerce				X
MN Dept of Employment & Economic Development • Workforce Centers • Dislocated Worker Program • Office of Youth Development • Small Business Assistance Office • Business Development Specialists • JOBZ Program	Statewide		X	X
MN Dept of Health • State Health Care Homes • Office of Rural Health & Primary Care • Community & Family Health • Health Promotion & Chronic Disease Division • Office of Minority & Multicultural Health • Office of Statewide Health Improvement Initiatives	Statewide	X		X
MN Dept of Human Services • Medicaid • MinnesotaCare	Statewide	X		X

• Minnesota Family Planning Program • Home and community-based waiver programs • Minnesota Community Application Agent Program				
MN Dept of Labor & Industry Workforce Centers • worker's compensation • contractor registration	Statewide		X	
MN Revenue – Business Taxes	Statewide		X	
Secretary of State – MN Business Portal (state licensing)	Statewide		X	
Community Organizations		MA	SEA	IA
African Development Center	Metro			X
American Hmong Partnership	Statewide			X
American Indian Economic Development Fund (AIEDF)	Statewide		X	
American Indian OIC	Statewide			X
American Indian Tribal Councils	Statewide			X
Association of Fundraising Professionals – MN Chapter (AFP)	Statewide		X	
Association of MN Counties (AMC)	statewide	X		
CAPI	statewide	X		
Capitol River Council	Metro		X	
Catholic Charities	Statewide	X		X
CLUES	Metro			X
Community Action Councils	Metro			X
Community Action Programs (CAPP)	Statewide			X
Community Health Charities – MN	Statewide		X	
Community Mental Health Center	Metro	X		
Community Shares	Statewide		X	
Dakota Futures, Inc.	Statewide		X	
Division of Indian Work	Statewide			X
Education MN	statewide	X		
Federal Bar Association – MN Chapter	statewide	X	X	
Health Care for Homeless	statewide	X		
Hispanic Chamber of Commerce of MN	Statewide		X	
Indian Child Welfare Act (ICWA)	statewide	X		
Indian Health Board of Minneapolis	Statewide			X
Itasca Project	Statewide		X	
Land Stewardship Project	Statewide		X	
League of MN	Statewide		X	
LGBT Groups	Statewide			X
Life Science Alley	Statewide		X	
LinkedMN and other LinkedIn groups	Statewide	X	X	X
Little Earth of United Tribes	Metro			X
Lutheran Social Services	Statewide	X		X
MAP for Non-Profits	Statewide		X	
McKnight Foundation	Statewide			X

Mercado Central	Metro			X
Mid-Minnesota Legal Aid	Central, Metro	X		X
MIGIZI Communications	Metro			X
Minneapolis American Indian Center	Metro			X
Minneapolis Chamber of Commerce	Metro		X	
Minneapolis Downtown Council	Metro		X	
MN Administrators for Special Education	statewide	X		
MN American Indian Chamber of Commerce	Statewide		X	
MN Assn of Community Health Centers (MNACHC)	statewide	X		
MN Assn of County Social Service Admin (MACSSA)	statewide	X		X
MN Assn of Health Underwriters (MAHU)	Statewide		X	
MN Association of Social Workers	statewide	X		
MN Bankers Association	Statewide		X	
MN Chamber of Commerce	Statewide		X	
MN Chippewa Tribe	Northwest, Northeast	X	X	X
MN Chippewa Tribe Finance Corp (MCTFC)	Northwest, Northeast		X	X
MN Community Action Partnership (MNCAA)	statewide	X		
MN Community Health Workers Alliance	statewide	X		
MN Comprehensive Health Association (MCHA)	Statewide			X
MN Corrections Association (MCA)	statewide	X		
MN Council of Health Plans	Statewide		X	
MN Council of Nonprofits	statewide	X	X	
MN Council on Foundations (MCF)	Statewide		X	
MN Farm Bureau	Statewide		X	
MN Farmer's Union (MFU)	Statewide		X	
MN Federation of Chambers	Statewide		X	
MN High Tech Association (MHTA)	Statewide		X	
MN Homeschooler's Alliance (MHA)	statewide	X		
MN Hospital Association (MHA)	statewide	X		
MN Indian Business Alliance (MNIBA)	Statewide		X	
MN Indian Gaming Association	Statewide		X	
MN Indian Women's Resource Center	Statewide	X		X
MN Medical Assn (MMA)	statewide	X		
MN Medical Group Management Assn	statewide	X		
MN Nurses Assn (MNA)	statewide	X		
MN Social Service Assn (MSSA)	statewide	X		
MN Society of Enrolled Agents	Statewide		X	
MN State Bar Association	statewide	X	X	
MN State Colleges and Universities (MNSCU)	statewide	X		
NACDI – Community Development Institute	Statewide			X
National Alliance on Mental Illness of Minnesota (NAMI)	statewide	X		
National Assn of Life Insurance Advisors	Statewide		X	
National Assn of Women Business Owners – MN	Statewide		X	

National Federation of Independent Business Owners (NFIB)	Statewide		X	
Native American Business Alliance (NABA)	Statewide		X	
Native American Community Development Institute (NACDI)	Statewide		X	
Natl Assn of Tax Preparers – MN Chapter	Statewide		X	
Neighborhood Hub	Metro	X		X
Non-Profit Management Program – UST, Hamline	Metro		X	
Northwest Area Foundation	Statewide		X	
Portico	Statewide	X		X
Saint Paul Chamber of Commerce	Metro		X	
SCORE Minnesota	Statewide		X	
Small Business Association – Regional office	Statewide		X	
St. Paul AF Services	Metro			X
St. Paul American Indians in Unity	Metro			X
The Initiative Foundation	Central		X	
Trusted Choice			X	
Twin West Area Chamber of Commerce	Metro		X	
U of M American Indian listserv	Statewide			X
U of M Extension	Metro, Northeast, Southeast, Southwest			X
U of M Medical School	statewide	X		
U of M School of Public Health	statewide	X		
U of M School of Social Work	statewide	X		
United Way – 211 program; Linkage lines	statewide	X	X	
Upper Midwest AIC	Statewide			X
Urban League	Metro			X
Westside Community Health Center	Metro			X
White Earth Investment Initiative (WEII)	Statewide		X	
William Mitchell correctional re-entry clinic	Metro	X		
Women of Nations	Statewide			X
Women's Business Development Center – MN (WBDC-MN)	Statewide		X	

2013 Marketing Campaign

Minnesota will contract with a provider in 2013 to develop a comprehensive marketing and outreach campaign to launch the Exchange. The selected vendor will incorporate foundational information market research, branding and communications strategic planning to pinpoint the most effective means to reach the intended audience. Some main components will be:

- Community Outreach: partnerships with grassroots organizations and professional organizations that can connect us directly to target audiences, both individual and business.
- Earned Media: a proactive strategy to encourage upbeat stories on the Exchange, from planning stage, to launch, and beyond.

- Paid Media: Advertising (TV, print, online and non-traditional) that attracts, intrigues and compels Minnesotans to the Exchange.
- A robust social media campaign, integrated with other marketing tactics to maximize public engagement.
- A dedicated small business outreach strategy that understands and accounts for the unique needs of the business owner.
- A consistent, informative stakeholder initiative that taps into the outreach efforts that already exists in health care provider organizations or companies, and other government agencies.
- A strategy to engage Navigators and drive recruitment.
- A plan to maintain regular communications with policy makers, thought leaders and influencers.
- An approach to enhance the campaign through creative promotions with corporate partners.

2013 Marketing Campaign Overview		
Mass media (paid)		
• Radio	• Newspapers	• Digital / online
• TV	• Billboards / transit	• Industry publications
Earned media (PR)		
• News releases	• Story placements	• Virtual press conference
• PSAs	• Online newsroom	• TV/Radio appearances
• Face-to-face briefings	• Video vignettes	• Blog
• Opinion pieces	• Special sections/editorial calendars	
• Letters to editor		
Social/Personal media		
• Facebook	• YouTube	• LinkedIn
• Twitter	• E-Mail messages	
Targeted media		
• Presentations	• Town halls	• Direct mail
• Speaking engagements	• Webinars	• Outreach events
Corporate partnerships		
Grassroots / Community Outreach		
• Events / meetings	• Newsletters/publications	• Website
Stakeholder Communications		
• Navigators / Assistors	• Tribal Leaders	• Health Insurance Co.
• Inter-Agency	• Legislators	• Area Foundations

The approach is to connect with the audience through trust sources by building tightly-knit partnerships with community groups, business organizations and key stakeholders. The consumer must be reached wherever they are and whenever they may seek the information; therefore we will incorporate the “no wrong door” approach.

The Outreach Work Group acknowledges the value of utilizing all marketing tactics to ensure an effective marketing campaign across the entire audience. The group strongly feels a larger effort should be expended on grassroots outreach through organizations that already serve their community rather than mass advertising.

The marketing and outreach campaign will ramp up in Spring 2013, continue through December 2014, and then will be aligned with operational needs.

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APPENDIX

- DHS: MA-HIX Communications Plan
- Native American Population Distribution by County
- Additional Outreach Channels
- Environmental Scan: State Outreach, Communication and Marketing Activity

Minnesota Health Insurance Exchange
DRAFT Public Relations Plan

December 2012 – December 2013

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Table of Contents

Executive Summary

Public relations for the Exchange will be a multi-year effort. This plan is focused on 2013 - particularly the launches of the public information website and the official Exchange marketplace website. It also includes considerations for long-term strategy and success. An executive summary of this plan is below.

How Do We Change Norms?

The overarching question for the entire Exchange effort is: How do we change norms for obtaining health insurance? We have a diverse group of targeted audiences, even within the categories of business and individuals, and our targets will also have differing levels of skepticism. It will take all components – including public relations, advertising and community outreach - to achieve this larger goal for the Exchange.

Public Relations Strategy

To change these norms in a way that effectively meets the goals of the Minnesota Health Insurance Exchange, we will need a focused public outreach and communications strategy. As such, we recommend the following public relations strategies:

1. Reduce Barriers to Effective Decision-making
2. Appeal to Consumers' Search for Security
3. Engage both Consumers and Those Who Influence their Decisions
4. Deliver and Communicate Personal Benefits, not just a Successful Process
5. Continued Program Improvement

Goals and Outcomes

The goals and outcomes for the Exchange for 2013 are:

1. More Minnesotans Insured
2. Satisfied Enrollees
3. Engaged and Supportive Stakeholders
4. Public trust in "Minnesota's model"

Aggressive Implementation

We will meet these goals through aggressive tactical implementation from December 2012 – December 2013.

Achieving Success

There are a few other considerations included at the end of this plan to help achieve sustained success over multiple years. These considerations include:

- Coordinating Components
- Assessing and Improving
- Building Appropriate Infrastructure
- Supplementing the Website
- Identifying High-Profile Influencers

This plan will need to evolve as other components of the Exchange take shape and as implementation commences.

What We Learned: Minnesota Market Research

Himle Rapp reviewed market research conducted by the State to inform the public relations strategy and plan for the Minnesota Exchange. The market research included results and insights from 18 focus groups, statewide surveys of consumers and small businesses and several key informant interviews. The full report of this research is at: http://mn.gov/commerce/insurance/images/ExchReportPubEducation-Outreach8-12.pdf.

The following highlights key parts of this research:

1. **Focus on Prime Candidates for Coverage and Those Open to Coverage**
   - Minnesota Market Research shows 66 percent of consumers are already engaged or are likely to become engaged in the Exchange. The other 34 percent fall into the "anti-Exchange" category. Research shows they are unlikely to move away from that group. The public relations strategy should spend the most time and resources on those who we know will participate, or who could likely be swayed to participate.

2. **Engage Influencers and Stakeholders Now**
   - Research shows the sooner stakeholders and influencers are informed about the Exchange, the better. Involving these groups in the process as soon as possible allows them to feel like they are "in the know," and an important asset to the Exchange rather than an afterthought. This can also help alleviate any confusion.

   - Both stakeholders and influencers are critical to the success of the Exchange. The groups somewhat overlap, but they serve different purposes.

   - Stakeholders are those people who have a rooting interest in the success or failure of Exchange. Stakeholders include: Legislators, the Minnesota Chamber of Commerce, the Dayton Administration, providers, health plans, critics, etc.

   - Influencers are those who will impact individuals and businesses to make decisions one way or the other. Influencers include: Brokers, the Minnesota Chamber of Commerce, community groups that connect with people at trigger points, etc.

3. **Leverage Influencers**
   - As it stands right now, many potential users of the Exchange don't even know what it is, or have a definition for it that has been largely defined by political debate. There are several intermediaries who can help get the word out at a time when people are thinking about health-related issues. Consumers can be reached through groups like providers, minute clinics, and health care trade groups. Small businesses can be reached through their brokers and business associations. Utilizing these resources is an effective way of targeting these groups to make sure everyone is informed.

   - Brokers are still important to small businesses. The majority of small business owners who participated in this research have relied on their brokers for five or more years. They trust them to lay out the pros and cons of each plan, and ultimately help them select the best plan for their employers. They believe using a broker saves them time and confusion. This needs to be communicated to brokers, so they have a more clear understanding of their role in the Exchange.

4. Consumers Want a Simple Process

- Research showed participants find the current health insurance process too complicated, confusing and time consuming. Those who have health insurance said those feelings made the process frustrating. Those who don't have health insurance said those feelings became a barrier keeping them from purchasing insurance in the first place.

- They are **skeptical** the Exchange can improve the process to the extent leaders have predicted, but they are **hopeful** it will.

- Simplicity will not only make enrollment easier, it will elevate trust far more quickly, and trust is everything.

5. Comparison is Key, but it Means Different Things for Different People

- Some consumers and businesses will do a straight cost comparison of plans. Many small businesses don't offer health insurance because they fear it's too expensive. They are skeptical that the Exchange will be more affordable, but once they get over that hurdle, they become more receptive to other aspects of the Exchange.

- Many individuals also fear health insurance it just too expensive. Affordability turns into a barrier, keeping them from purchasing insurance. Showing consumers what the cost can be, and informing them they may be eligible for assistance right from the start could alleviate this issue, and make them more receptive to other aspects of the Exchange.

- Some consumers will consider cost and value when making a decision. Many research participants said they need to see the Exchange as more than just medical payments. When they can look beyond the bills, see the value of being covered and understand the peace of mind they could have if they were insured, they felt more confident about purchasing health insurance through the Exchange.

6. Use Language that Speaks to Consumers

- Research participants like terms like "choices" and "marketplace" although some cultural barriers exist.
- Research participants found the word "Exchange" confusing. Many didn't understand what the term itself meant. Those who were familiar with the term associated it with stocks.

What We Learned: Other States

Web sites

Web sites are the critical access points to Exchanges for consumers. Because of this, we looked at what other states are doing to help inform our recommendations.

Full Exchange Sites

Massachusetts – MA Health Connector
Utah – Avenue H

Informational Sites

Oregon – Cover Oregon
Colorado – not yet named
Maryland – Maryland Health Connection

Themes focus on simplicity, choice and security for consumers.

Navigational Tools Help Consumers

- Term glossaries
- FAQs
- Estimate calculators
- Email & text message updates
- "Navigators" for in-person assistance
- Specialized training for community organizations
- A grading system for easy comparison
- Video tutorials

Written and video testimonials provide more personal connections to individuals.

Reactive approach to search engine optimization and social media is impacting success.

Social Media

We also looked at how other states are using social media. Massachusetts, Colorado and Oregon have social media — Facebook and Twitter — integrated into their web sites. However, overall, social media is being underutilized in these other states. A summary of these social media efforts is below.

State	Twitter	Facebook
Massachusetts	MAHealthConnector	• Massachusetts Health Connector • Launched Oct. 2006 • 252 Likes / posting a few times a month
Colorado	• COHBE • Launched Sept. 2011 • 278 Followers / 539 Tweets	• Colorado Health Benefit Exchange • Launched Oct. 2011 • 64 Likes / Posting every 1-5 days
Oregon	• Cover Oregon • Launched Oct. 2012 • 52 Followers / 20 Tweets	• Cover Oregon • Launched Sept. 2012 • 95 Likes / Posting every 1-5 days

Voices of the Exchange

Each of the states has chosen the Executive Director of their Exchange as the voice of their efforts.

State	Voice	Message Type
Massachusetts	**Glen Shore**, Executive Director, Commonwealth Health Insurance Connector Authority	• Quoted in news releases • Op-eds
Colorado	**Patty Fontneau**, Executive Director and Chief Executive Officer of the Exchange	• Quoted in news releases
Oregon	**Howard "Rocky" King**, Executive Director, Cover Oregon	• Quoted in news releases
Maryland	**Rebecca Pearce**, Executive Director, Maryland Health Connection	• Quoted in news releases
Utah	**Patty Connor**, Director, Avenue H	• Quoted in news releases

The Minnesota Exchange: Changing Norms

The primary question we need to address with public relations efforts for the Exchange is - how do we change norms for obtaining health insurance and security? Changing norms means something different for each target audience.

- **Individuals.** Based on research conducted by Salter Mitchell for the Minnesota Insurance Exchange, 66 percent of individuals fundamentally understand the need for coverage and are open to obtaining it. However, the barriers to obtaining coverage are diverse, and they are not necessarily overcome by simple facts and knowledge of the Exchange. For them, the norm is to avoid the issue because they are healthy, because they believe their employment system will change, or because fear of the unknown makes them squeamish about the cost or the bureaucracy. How do we change that norm? We know that there are at least four key moments – trigger points - that matter for individuals when making this decision:
  - Losing a job
  - Changing jobs
  - Changing health condition
  - Having a child

  Knowing these four moments will help us understand a lot about messages, messengers, outreach avenues, media and information outlets.

- **Small Businesses.** With small businesses, the norm has become that those who do not provide insurance don't consider adding insurance, yet those who provide insurance are committed to continuing that insurance (findings confirmed by the 2012 Minnesota Business Barometer, co-sponsored by Himle Rapp and the Minnesota Chamber of Commerce.) Tax credits may help. Penalties may also help. How do we convince small businesses to provide insurance or at least become a resource for their employees?

- **Predisposed To Avoid The Exchange Audience.** Norms for some audiences will be harder to change. This includes individuals who are anti-government and not online. This audience includes businesses that struggle with a short life-span and limited financial resources. Some may have a lack of understanding of public programs. We need to have a unique plan for individuals who fall into these norms. The plan does not include immediate enrollment for these groups but it should focus on breaking down barriers in the long-term.

- **Medical Assistance Enrollees.** Individuals enrolled in Medical Assistance will be required to participate in the Exchange. How do we convince this audience that the Exchange is a more useful tool in choosing insurance coverage?

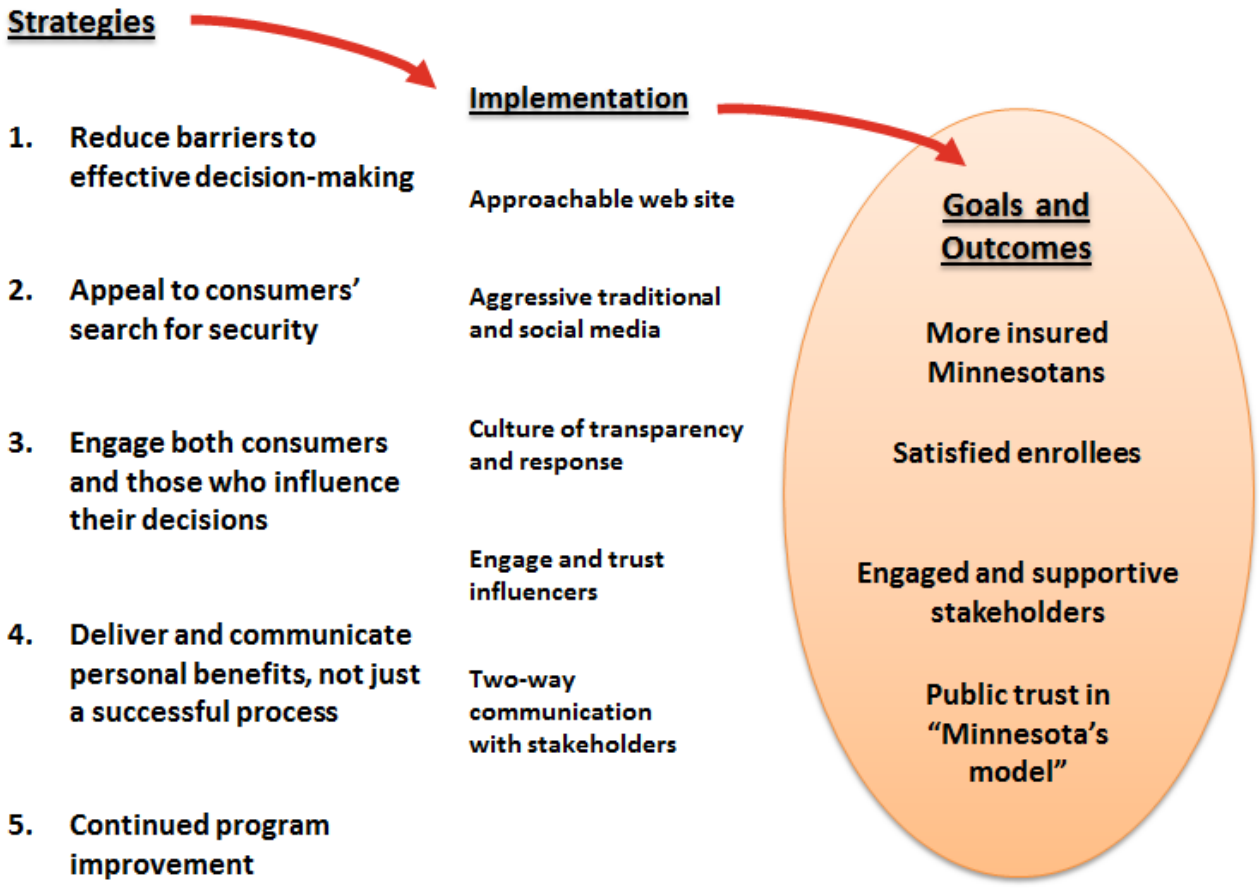
Changing norms is the overarching purpose to drive public relations and implementation.

How Do We Change Norms?

1.2 Million Minnesotans

Initially, focus on:

- Uninsured individuals who believe coverage provides value (66% of uninsured)
- Small business owners who currently do not offer insurance as a benefit
- Individuals insured through a public program



Strategy

The following outlines the public relations strategy to help achieve these goals. It includes five main components:

- Reduce Barriers to Effective Decision-making
- Appeal to Consumers' Search for Security
- Engage both Consumers and Those Who Influence their Decisions
- Deliver and Communicate Personal Benefits, not just a Successful Process
- Continued Program Improvement

A more detailed discussion of these strategies is below.

- **Reduce Barriers to Effective Decision-making**
  Initially, the key to success will be to reduce barriers to connecting with a government program, rather than trying to "sell the program." Most of our initial audience understands the intellectual value of insurance. That is not the barrier.

  Instead, we are trying to help break down barriers such as cost, complexity, uncertainty and accessibility. We break down barriers not only by building an efficient and easy to use Exchange but also by providing navigators, call-in centers and walk-in centers to further assist consumers. We also reduce barriers through all communications efforts. Communications must be clear and direct - not full of jargon. We will work through influencers to traditional and social media to build trust in the Exchange. These efforts combined will identify the Exchange as a positive solution for health insurance – not just another government program.

- **Appeal to Consumers' Search for Security**
  We will build support and momentum for the Minnesota Exchange by communicating security, including results, outcomes and satisfaction. We will do this through real stories from real consumers via traditional and social media and third-party influencers.

- **Engage Both Consumers and Those Who Influence Their Decisions**
  Communications will not only be directly with our target audiences but also through influencers of our target audiences, stakeholders and potential critics. Communication should be two-way, regular and consistent. It should focus on answering questions potential enrollees, influencers, stakeholders and critics need answered. Communication will take many different forms:

  Communication through Influencers
  This communication may include webinars, town halls, e-newsletters, email alerts and in-person meetings. It will be through influencers, including:

  - Businesses
  - Organizations/groups/businesses that connect with consumers at "trigger points"
  - Community groups
  - Minority populations

- **Deliver and Communicate Personal Benefits, not just a Successful Process**
  Another strategy to build support and momentum for the Exchange – and to change norms – is to communicate societal and individual benefits of the Exchange to Minnesotans, not just a successful process. One of the hallmarks of the Minnesota Health Insurance Exchange is that it is a Minnesota made solution – it is our way of making Minnesotans healthier and Minnesota a healthier place to live, work and play. We will achieve this by highlighting real stories of those who move from uninsured to insured.

- **Continued Program Improvement**
  The public relations strategy will achieve sustained success by using communications and outreach to continually improve the Minnesota Health Insurance Exchange. This strategy will also keep target audiences engaged – and get their continued buy-in to support the Exchange.

Implementation

The public relations strategy can be broken down into the following three areas for

1. Develop Benchmarks for Success
2. Connect with Target Audiences
   A. Traditional Media
   B. Social Media
   C. Connect Through Influencers
   D. Web Improvements
   E. Multimedia
3. Build Trust, Engagement and Transparency

A description of each area follows.

1. Develop Benchmarks for Success

A critical step toward success will be to set benchmarks to meet between December 2012 and December 2013. Benchmarks will start with high impact activities such as the launch of the public information website, to drive consumers and small businesses to the website quickly. Efforts will then build on that initial push through the launch of the official Exchange marketplace site on October 1, 2013. It will also include assessment points to allow the Exchange staff to evaluate progress and adjust efforts if necessary.

Himle Rapp developed a "Benchmarks for Success" chart to help guide Exchange staff through implementation. The guide includes general recommendations on tactics for traditional media, social media and outreach activities. It will help the Exchange staff transition through a series of public messages to communicate confidence in the process and progress. It will also drive public and stakeholder engagement. The Benchmarks for Success guide follows.

2. Connect with Target Audiences

The key to public engagement is to connect with target audiences. As previously mentioned, there are literally dozens, if not hundreds, of audiences. But it really comes down to four main groups:

- Consumers – those open to the Exchange and those hesitant to use the Exchange
- Businesses
- Medical Assistance Enrollees
- Stakeholders

The following tactics will be used to connect with these audiences:

A. Traditional Media

We recommend your traditional media outreach include three main components:

1. Expanding your statewide and national reach
2. Communicating regularly
3. Building trust with the public by leveraging benchmarks

Each of these components will ensure the public has clear and accurate information about the Exchange and will build momentum for the launch on October 1, 2013. It will put this effort on offense versus defense. Traditional media recommendations will complement the social media strategy explained in the following pages.

1. Expanding Your Statewide and National Reach

To date, the Exchange has received news coverage from a limited number of local reporters. Since the election, coverage has greatly increased, making the Exchange top-of-mind for consumers. We recommend the Exchange staff take advantage of the spotlight to help launch the public information website.

Himle Rapp reviewed the Minnesota Health Insurance Exchange's current media list to write this report. Based on this review, we recommend greatly expanding this list – both geographically and based on issue area - and therefore expanding your coverage with traditional media.

An expanded media list is in the appendix of this report. The list includes additional contacts across Minnesota and a more diverse collection of outlets and reporters, including national media.

For instance, for geographic diversity, the list includes:

- Statewide daily newspapers
- Statewide weekly newspapers
- Suburban weekly newspapers
- Statewide broadcast outlets – TV and radio
- National media outlets
- Online media outlets

The list also includes a diverse group of statewide and national outlets and reporters, including:

- Minnesota Capitol press corps
- Health care reporters and publications
- Consumer reporters and publications
- Business reporters and publications
- Outlets that serve minority populations
- Those who have already written about the Exchange

Using the expanded media list will help the Exchange communicate with the general public more effectively – and will allow the Exchange to continue the message.

2. Communicating Regularly through Traditional Media

Designate a Spokesperson. The first step in communicating consistently and regularly with traditional media is to develop a spokesperson or spokespeople. This person might be different for different audiences.

1. A trusted medical professional – a doctor or nurse - who speaks with the general public, much like the role of the U.S. Surgeon General.
2. A respected business person could speak to the small businesses about the Exchange.
3. Staff or leadership from the Exchange could be the spokesperson on technical or policy related questions.

It will be important, as media coverage increases, to not only have a point person/s to respond to media inquiries, but to also communicate accurate information.

Regular Media Releases. Exchange staff should plan for regular and meaningful media releases or advisories based on the Benchmarks Timeline. This will keep the Exchange top of mind for stakeholders and the public – and will build momentum for the launch of the Exchange.

Editorial Board Visits. Himle Rapp recommends a team of stakeholders conduct editorial board visits around the state. This will provide an in-depth opportunity for the Exchange staff and leadership/stakeholders to inform the major papers about the Exchange and efforts to launch it, respond to potential criticism and answer questions. Editorial Board visits are included in the Benchmarks Timeline.

3. Building Trust with the Public By Leveraging Benchmarks

Another primary component of connecting with the public through traditional media is to leverage earned media to highlight important information. As outlined in the Benchmarks Timeline, Himle Rapp recommends highlighting successes in the media using identified key influencers to author letters to the editor and op/eds, conduct radio interviews, record PSAs and radio actualities, etc. This strategy will help build trust in the Exchange and dispel misinformation.

B. Social Media

Your social media plan should include three main components:

1. Providing clear, transparent reporting on the progress of the Exchange
2. Answering the public's questions and clarifying misinformation
3. Building momentum for the Exchange launch

Recommended Social Media Tools

Each of these components will work together to ensure the public has a clear understanding of the project. In addition, each social media tool will allow you to best execute each component of this strategy differently.

1. Providing Clear, Transparent Reporting on the Progress of the Exchange

Strong media relations will allow us to use social media to its full effectiveness. This is why each component of your public relations plan must work together.

a) Each week, your Facebook, Twitter and LinkedIn social accounts must post:

- New media clippings
- New op-eds
- New LTEs

b) Always encourage users to submit their questions through the website:

- Provide a clear location on the home page of the website where people can submit questions.
- Post the questions and answers within 24 hours and let people know via Twitter that you have sent new answers. These kind of communications could look like:
  - *"We received over 20 new questions today – watch your inboxes for answers from our Exchange team. Have a question? Submit it at: LINK"*

c) Any new changes to the public information website, including new pages, new answers to the FAQs, etc. should be posted on your Twitter account. For example, the Twitter account should post:

- *"A new FAQ added today: How long will it take to sign up for insurance on the Exchange site? See the answer here: LINK"*
- *"We're excited to announce our new price calculator. See how much insurance will cost for your family: LINK"*

d) Build relationships with businesses through ongoing LinkedIn resources:

- We have continually recommended you show vs. tell your future users how the Exchange will be. This is key to the small business relationship. These webinars would be simple tours through the Exchange with example scenarios.
- Be available to answer questions publicly and privately online.

2. Answering the Public's Questions and Clarifying Misinformation

Our recommendation throughout this plan is to play offense, not defense. This means you will need to keep tabs on the conversations happening in the general public. There are several ways to do this, but one of the easiest ways is through Twitter.

a) Hold, "ask anything" days on Twitter where users can chat with Exchange officials about how the Exchange will work, etc.

b) Track Twitter for mentions of the URL, site or branded name and proactively respond when possible and if appropriate, especially if there are issues of people spreading inaccurate information. Some examples of key terms to track:

- Minnesota Health Insurance Exchange
- Minnesota Health Exchange
- Minnesota Insurance Exchange
- Minnesota Obamacare
- Minnesota affordable care
- Minnesota Insurance Exchange

3. Consistent Communication to Build Momentum for the Exchange Launch

a) Every month, provide people with some clear signs of progress. Either use the Timeline benchmarks defined or something defined by the ACA. This kind of update could include a Facebook post with a screenshot of some element of the site:

- Post a photo and then caption it with: "We are excited to give you a sneak peak of our user interface. Insurance plans will be compared side by side, so you can see the benefits of each."

b) Host forums on LinkedIn:

- A variety of professional groups and networks host "LinkedIn Webinars," which the Minnesota Exchange should tap into if they can – as an agenda item or special guest.
- The Health Insurance Exchange could build on this idea by hosting their own webinars within the LinkedIn and invite small business owners who can then spread that information within their organization.

c) Track your activity:

As you meet with new groups, go to editorial board meetings, and execute your timeline, there will be many opportunities to share real-time updates. Be proactive. It's better to share more than less.

C. Connect Through Influencers

It will be critical for the Exchange to deliberately reach out to influencers and key contacts to communicate about the Exchange. Based on market research, particularly key interviews, the time for stakeholder engagement is now.

Engagement should be two-way communication designed to gather public/stakeholder input and also communicate the direction and progress of the Exchange. Staff should leverage networks to reach a broad group of people. Suggested outreach opportunities are as follows:

- **Key Influencers for Consumers** – Exchange staff should consider meeting consumers where they are and leveraging relationships with providers, clinics, health plans, healthcare and other associations/trade groups, Medical Assistance enrollees, etc. The Exchange staff should engage in regular communication with these groups and provide them with the resources they need, for example, one-pagers, brochures and other related materials.

- **Key Influencers for Small Businesses** – Exchange staff should also consider engaging businesses through key influencers including the Minnesota Chamber of Commerce and Minnesota's broker association – the Minnesota Health Insurance Network. Communications should be deliberate, regular and consistent. Exchange staff should consider developing an online newsletter specifically for small businesses and brokers, regular email updates, action alert emails and regular meetings.

We recommend building relationships with the following organizations to assist in building a successful Exchange. The list includes organizations that have already connected with the Exchange staff, the Outreach Work Group and additional influencer organizations. Please note that the Exchange staff maintains a more exhaustive list internally. The following are highlights from this larger list.

Business Influencers

- Minnesota Chamber of Commerce
  - Small Business Committee
  - Healthcare Committee
  - Healthcare members
  - Minnesota Manufacturers Coalition
  - Key local chambers around Minnesota
- Broker organizations
- Health Plans and Systems
- Minnesota Council Of Health Plans
- Humans Resources Professionals of Minnesota
- Society for Human Resources Management
- Minnesota Comprehensive Health Association

Consumer Influencers

- Health Care Providers
- Health Care Associations
  - Minnesota Medical Association
  - Minnesota Nurses Association
  - Minnesota Pharmacists Association
- Hospitals and Clinics
- Health Clubs
- Pharmacies
- MN Association of County Social Services Administrators
- Churches/faith leaders
- Libraries
- Community organizations
- Schools
- Colleges, universities and community colleges
- State Agencies and Councils
- County Offices
- Minnesota Citizens League
- Rotaries
- AARP
- American Cancer Society
- American Lung Association
- Springboard for the Arts
- Minority and Underserved Community Groups
- Tribal Governments
- Urban League
- Northside Achievement Zone
- Neighborhood Hub
- Local elected officials

D. Web Improvements

A web site is one of several tools to generate enrollment and satisfaction. A website:

- Offers the ability to compare options.
- Nudges people to make decisions.
- Explains costs, but also help put costs in perspective so decisions are more rational.
- Allows ANYONE to compare their choices under HIX to what their status quo is.
- Addresses the need to provide emotional satisfaction upon completion of their work.
- Answers questions quickly.
- Gives feedback for continuous improvement.

When the public engagement site launches in January 2013 – the Exchange will need to show significant improvements to their website usability. We know users will base some of their initial impressions of the Exchange on the clarity and ease of use of the public information site. With this in mind, we recommend the following improvements:

1. Add a Blog and FAQs

We recommend the Exchange adds two prominent features to the main navigation of the website:

- Blog
- Enhanced FAQs

Blog:

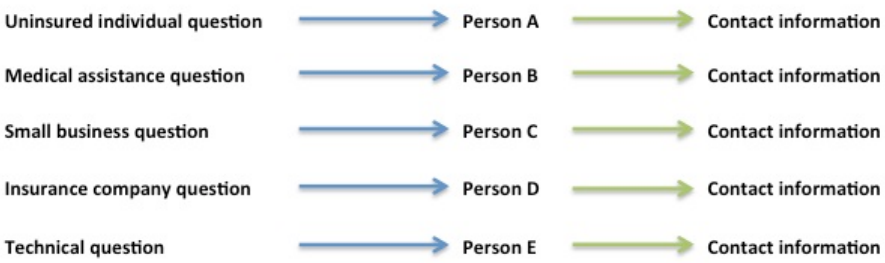
A blog has three clear benefits for this project: it improves SEO which is a critical tactic of the overall plan, encourages repeat visits from users and provides the opportunity to continually receive real-time feedback from the public, which essentially gives you a pulse on the upcoming issues your communications will need to address. To best execute this, you will need outside help from partners. Consider doing the following:

1. Choosing "guest bloggers" from a variety of agencies, businesses, organizations and offices who can commit to blog once per month on a dedicated topic;
2. Develop an editorial calendar to track guest posts, diversity of content topics and content type; use your benchmarks timeline to find topic ideas.
3. Develop a series of "placeholder" content that can fill in on weeks when you are low on content. For example:
    a. Did you know?: Featuring facts/highlights about the upcoming campaign
    b. Read this: Links and highlights from positive press coverage
    c. Like us: Reminder post on all the ways you can follow the Exchange on social media

FAQs:

It will be critical the website shows users there are people regularly answering questions about the process and the final product. It's also critical this information is regularly updated. To ensure this process runs smoothly, consider enhancing the current FAQs by implementing:

1. An email that takes in all the questions from the outsiders that is viewable by multiple people;
2. A response protocol with clear indicators of who will answer which types of questions as well as their full contact information. This should be provided to anyone who may receive questions online or in person. For example:



2. **Mailing Lists**

It's critical you communicate with your audiences and stakeholder groups frequently. We recommend you develop a place on the website where users can sign up for updates based on the type of information they will need and who they are. For example:

- Small business owner
- Medical Assistance recipient
- Individual consumer
- Community organizer
- Health care professional
- Insurance broker

3. **Search Engine Optimization**

Our research has shown several other states are now on the losing side of SEO. Many trade associations, insurance brokers and interest groups are dominating search and by extension, the conversation, in states like Colorado and California. In order to prevent this from occurring in Minnesota, we recommend the following:

a. **Defensively register domains relevant to the Exchange.**

For example:

- Minnesotahealthinsuranceexchange.com
- insuranceexchange.mn
- insurance.mn
- minnesotainsurance.com

b. **Defensively register social media accounts for the Exchange.**

You may not use all these sites and you may ultimately change the names of the individual accounts, but it's critical you hold key accounts with the appropriate terminology before others attempt to impersonate you. Accounts should be registered on:

- Facebook
- Twitter
- LinkedIn
- Google Plus
- YouTube
- Flickr
- Vimeo
- Pinterest

c. **Proactively link from your website the social media accounts and vice versa.**

Even if the sites are not active yet, it's critical for search engine purposes that the appropriate accounts are linked in each location, in particular, with a government URL.

d. **Improve Language.** Insert language that denotes "official" status as frequently as possible in relevant locations on your website.

e. **Improve Code.** Update all the meta description tags on your website to include the word "official" in the appropriate context.

f. Add Google Analytics to your site.

To do this:

- Visit Google.com/analytics
- Create a new Google profile and link it to your primary website URL
- After you have created your account, Google will create a unique ID, which will appear in this format: "UA-XXXXXXXX-X" – copy this code
- Give this code to your developers and then create an alert in your Google Analytics to provide you with weekly site statistics

g. If you discover sites that are misrepresenting the Exchange, report the abuse to Google.

You can report the abuse to Google here:
http://support.google.com/sites/bin/answer.py?hl=en&answer=116262
In addition, you can engage your lawyers to send cease and desist communications in cases of:

- Unauthorized use of domain registrations using trademarked or official names
- Unauthorized use of trademarked logos
- Unauthorized use of trademarked photography

E. Multimedia Development

Today's audiences like to see what's happening. Multimedia helps you make this happen. It also allows you to provide visual updates at critical junctures of the project.

When deciding whether or not to use multimedia, consider the following:

1. Will your audience understand your message if you just tell them? Or is it better if you show them?
2. Will you engender more trust from your audience if they can see the person delivering the message?
3. If your audience misses an event, is there a benefit to having it in online? Will the information still be relevant?
4. Will a video portray the authenticity of a conversation in a way plain text can't?

Here are some examples of video styles that meet these requirements:

- How-to's
- On the street conversations
- Webinar recordings
- Town hall recordings
- Messages from high-profile individuals
  - For example, Governor Mark Dayton
  - CEO, Blue Cross Blue Shield
- Messages from real people
  - For example, a small business owner
  - A young, "invincible" who has used the Exchange

Once you have multimedia to share, it's critical you have a YouTube channel to support it. This will allow you to:

1. Centralize your video communications
2. Develop a subscribers list
3. Automate updates to subscribers
4. Improve overall search engine optimization
5. Provide free subtitled translations through Google Translate

Research shows when a person watches one video on your YouTube channel they are 20% more likely to visit your website.

3. Build Trust, Engagement and Transparency

Another key to a successful launch is to build trust, engagement and transparency with stakeholders and potential critics. If these groups are not engaged and instead left isolated from the process, you risk letting them control of the conversation. To maintain control of messaging and to build a successful statewide effort, Himle Rapp recommends the following:

A. Identify Stakeholders

The first step in engaging stakeholders is to identify them. Stakeholders include both supporters and detractors. There will be some overlap between stakeholders and some influencers previously mentioned. Groups include:

- **Insurance Brokers:** As previously mentioned, brokers associations in other states have hijacked the conversation online. This is highly detrimental to the Exchange's ability to provide accurate information and serve as the trusted voice on the topic. It's critical to bring in brokers early and often so they are engaged in the process and not motivated to start dispersing their own information.
- **Legislators:** There are supportive and skeptical legislators from both parties. It will be important to keep them all apprised of new information, outcomes and consumer satisfaction and also answer their questions.
- **Small Business Owners:** It will be critical for the Exchange staff to work with the Minnesota Chamber of Commerce to identify key stakeholders and critics in the small business community. This includes small business owners who are supportive of the Exchange, have either voiced opposition or who are part of a group of businesses that are not supportive.
- **Community Groups:** There are endless numbers of community groups that are either stakeholders or influencers with our target audiences. The goal will be to continuously build this group of stakeholders as it will ultimately help us achieve success and connect with hard to reach individuals.
- **Others:** We recommend Exchange staff continuously monitor communication from blogs and social media to see what other naysayers may be saying about the Exchange. This will give you a clear look into anything that may become a larger issue as your campaign moves forward and should help determine how to adjust your talking points to changing public opinion.

B. Regular and Consistent Communication

Engage stakeholders through regular and consistent communication in the form of:

- Monthly meetings with Exchange staff to listen to concerns and answer questions.
- Online action alerts to inform stakeholders of timely information.
- Monthly e-newsletters to share news and updates regarding the Exchange.

Following these recommendations will allow you to maintain control of the conversation providing a better opportunity for a successful launch.

Achieving Success

Our plan puts forth a clear outline for how to successfully roll out an Exchange in Minnesota – but success is not just in completed blueprint applications, media placements and packed webinars. In fact, much of your success will be based on whether or not you are able to begin to change social norms for purchasing health insurance in Minnesota.

As you move through the next 10 months of planning and publicity – and the coming years - continually challenge yourselves to meet these benchmarks in addition to your regulatory and publicity goals.

There are also items that you might consider to achieve further success for this ongoing effort:

- **Coordinate All Components**
  The public relations strategy is just one component of the Exchange. We recommend that all parts of this effort be coordinated – public relations, advertising, branding, research and information technology, among others. This will ensure that all parts move in the same direction and that each component informs the others.

- **Assess Regularly and Adjust if Necessary**
  Although we can learn from other states, there is still a lot we don't know about how the Exchange will work in Minnesota. It will be critical to set regular assessment points to evaluate progress and make adjustments to strategies as necessary. Keeping an open dialogue with other states and Minnesota enrollees and stakeholders will help continuously improve the Exchange.

- **Build Infrastructure to Achieve Success**
  The exchange will need appropriate infrastructure to support sustained success. That means it will need necessary oversight, staffing and funding to achieve success. It will need continued and constant leadership and direction.

- **Supplement the Website**
  Consider including Navigators, call-in centers and mobile walk-in centers to supplement the information available on the website. Specialized call-in numbers/contacts might also be helpful for particular audiences, including non-English speaking Minnesotans, consumers who are not online and brokers.

- **Identify High-Profile Influencers**
  Consider building relationships with Minnesota celebrities including sports figures, musicians, elected officials, media personalities, etc. to garner more widespread support for the Exchange.

Through the strategy and implementation outlined in this document, the Exchange will make Minnesota an even healthier place to live, work and play.